## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 11, 2002 8:00 am & Secretary of State DOCUMENT # P98000086910 1. Entity Name DELOR AVIATION, INC. Principal Place of Business Mailing Address 1811 NW 51ST. 1811 NW 51ST. HANGER #42-A HANGER #42-A FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business Mailing Address 1925 S-PERIMETER Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number AVOE RDALE 65-0869164 Not Applicable Zip Country ROLLARD ... \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YITZHAK, BACHAR 1811 NW 51ST. HANGAR #42-A FT LAUDERDALE FL 33309 LAUNERDAGE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida ₹9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition BACHAR, YITZCHAK NAME NAME 5863 NW 119th DR COLAR SPRINGS, FL 33076 225 LAKEVIEW DR. STREET ADDRESS STREET AODRESS **CORAL SPRINGS FL 33071** CITY-ST-ZIP CITY-ST-ZIP **VPSD** Delete TITLE Change ☐ Addition TITLE DELMONACO, FRANK NAME NAME 6706 NORTHWEST 93RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-7IP VPs D ☐ Change **Addition** TITLE ☐ Delete TITLE ORNA MIRON NAMÉ NAME 5863 NW 119 DR CORAL SPRINGS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33076 SPRINGS TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.