

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90685 028 ***150.00

DOCUMENT # P98000086910

1. Entity Name
DELOR AVIATION, INC.



Principal Place of Business

1811 NW 51ST.

HANGER #42-A

FORT LAUDERDALE FL 33309

Mailing Address

1925 S PERIMETER RD

#125

FORT LAUDERDALE FL 33309



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1925 S. PERIMETER RD.

Suite, Apt. #, etc.

Suite # 125

City & State

FORT LAUDERDALE

Zip

33309

Country

FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

FL

Country

FL

4. FEI Number **65-0869164**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YITZHAK, BACHAR

1925 S PERIMETER ROAD

SUITE 125

FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **BACHAR, YITZHAK**
STREET ADDRESS **5863 NW 119TH DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE **VPSD** ☐ Delete
NAME **MIRON, ORNA**
STREET ADDRESS **5863 NW 119 DR**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **MIRON VPSD** **3/14/03** **(954) 771 1650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)