

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90363 027 ***150.00

DOCUMENT # P98000089900

1. Entity Name
FLIGHT CREW & SIMULATOR TRAINING, INC.

Principal Place of Business

**2642 SHERMAN ST.
 HOLLYWOOD FL 33020**

Mailing Address

**2642 SHERMAN ST.
 HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0869881**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOMEZ, EDUARDO JR
 2642 SHERMAN ST.
 HOLLYWOOD FL 33020**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GOMEZ, EDUARDO JR.**
STREET ADDRESS **2642 SHERMAN ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE: Eduardo Gomez Jr

7/1/02 (954) 558-6688

CR2E034 (4/02)

Attachment

FLIGHTCREWS & DOC#
SIMULATOR TRAINING

2642 SHERMAN STREET
HOLLYWOOD FLORIDA
ZIP 33020
Telephone: (954) 558-6688

P98000089900
121198

July 11, 2002

UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

Dear Sir or Madam:

I am enclosing payment for one hundred fifty dollars for the yearly fee. I previously called and advised that I did not receive the form. A form was mailed with to me with a 550.00 fee. I again called and was instructed to write an explanation and mail the form with the one hundred and fifty-dollar fee.

Sincerely,

Eduardo Gomez JR

Eduardo Gomez JR
President