2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
05-12-2000 90060 017 ***150.00

DOCUMENT # P98000093794

1. Entity Name

RUNWAY AVIATION, INC.

Principal Place of Business	Mailing Address
3221 NORTHWEST 103RD TERRACE SUNRISE FL 33351	3221 NORTHWEST 103RD TERRACE SUNRISE FL 33351-6802

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1685 W. Commercial Blvd.		1685 W. Commercial Blvd.	
Suite, Apt. #, etc.: Hangar 41A		Suite, Apt. #, etc.: Hangar 41A	
City & State: Fort Lauderdale, Florida		City & State: Fort Lauderdale - Florida	
Zip: 33309	Country: U.S.A.	Zip: 33309	Country: U.S.A

4. FEI Number 65-0875164 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: Claudio Fonseca
Street Address (P.O. Box Number is Not Acceptable): 3221 NW 103rd Terr
City: Sunrise FL Zip Code: 33351

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.

SIGNATURE [signature] 04-20-2000
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 $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FONSECA, CLAUDIO 3221 NORTHWEST 103RD TERRACE SUNRISE FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED [signature] April/20/2000 (954) 351-6969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)