2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90128 010 ***150.00

DOCUMENT # P98000093794

1. Entity Name
RUNWAY AVIATION, INC.

Principal Place of Business	Mailing Address
1685 W. COMMERCIAL BLVD HANGAR 41 A FORT LAUDERDALE FL 33309	1685 W. COMMERCIAL BLVD HANGAR 41 A FORT LAUDERDALE FL 33309

00047540

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5101 NW 17th Terr.		5101 NW 17th TERR	
Suite, Apt. #, etc.: HANGAR 41 A		Suite, Apt. #, etc.: HANGAR - 41 A	
City & State: Ft Lauderdale, FL		City & State: FT. LAUDERDALE, FL.	
Zip: 33309	Country: USA	Zip: 33309	Country: USA

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

FONSECA, CLAUDIO
3221 NW 103 TERR
FORT LAUDERDALE FL 33351
SUNRISE, FL.

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.

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 $150.00
After MAY 1, 2001 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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CR2E034 (10/00)

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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #