FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am Secretary of State DOCUMENT # P98000098465 1. Entity Name 04-22-2002 90147 008 ***150.00 GUARDIAN AEROSPACE CORP. Principal Place of Business Mailing Address 4225 SOUTHWEST 133RD COURT 4225 SOUTHWEST 133RD COURT MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0878664 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VERDECIA, FRANCISCO. Street Address (P.O. Box Number is Not Acceptable) 4225 SOUTHWEST 133RD COURT **MIAMI FL 33175** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE Change ☐ Addition VERDECIA, FRANCISCO NAME NAME STREET ADDRESS 4225 SOUTHWEST 133RD COURT STREET ADDRESS CITY-ST-7IP **MIAMI FL 33175** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change VERDECIA, NORA B NAME NAME STREET ADDRESS 4225 SOUTHWEST 133RD COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME 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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK VISRDECIA 1-14-0

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.

Daytime Phone #