

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101104

1. Entity Name

HELICOPTER OPERATIONS, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90269 047 \*\*\*558.75

Principal Place of Business

Mailing Address

15900 SOUTHWEST 408TH ST  
 CARD SOUND RD  
 FLORIDA CITY FL 33034

15900 SOUTHWEST 408TH ST  
 CARD SOUND RD  
 FLORIDA CITY FL 33034

2. Principal Place of Business

3. Mailing Address

9350 S Dixie Hwy

9350 S Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1250

Suite 1250

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33156

USA

33156

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0886481

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

CORPCO, INC.  
 2699 S BAYSHORE DRIVE, 7TH FLOOR  
 MIAMI FL 33133

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, 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 ☐ Delete  
 NAME P  
 STREET ADDRESS TORCISE, STEVE JR  
 CITY-ST-ZIP 6800 SW 101 STREET  
 MIAMI FL

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

TITLE ☐ Delete  
 NAME ST  
 STREET ADDRESS TORCISE, RICK  
 CITY-ST-ZIP 18000 SW 288 STREET  
 HOMESTEAD FL

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99