

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90153 019 ***150.00

DOCUMENT # P98000107643

1. Entity Name
BROWARD AVIATION SERVICES INC.

Principal Place of Business
2001 NW 15TH AVE
POMPANO BEACH FL 33064

Mailing Address
2001 NW 15TH AVE
POMPANO BEACH FL 33064

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 **65-0895218**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AMATY, DENNIS
2001 NW 15 TH AVE
SUITE 105
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

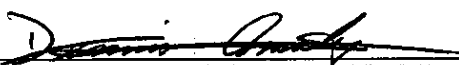
Street Address (P.O. Box Number is Not Acceptable)

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, 2002 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

TITLE **VP** ☐ Delete
 NAME **MURRAY, JAMES**
 STREET ADDRESS **10867 NW 9TH COURT**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **VP** ☐ Delete
 NAME **PINE, TIM**
 STREET ADDRESS **2632 NE 26TH AVE.**
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **VP** ☐ Delete
 NAME **AMATY, DENNIS**
 STREET ADDRESS **558 WESTREE LANE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

TITLE **VP** ☒ Delete
 NAME **CARRERAS, TODD**
 STREET ADDRESS **3261 NW 64TH ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

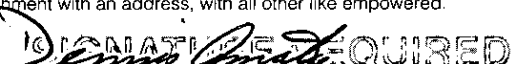
TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 #

1-15-02

984-979-1103

CR2E034 (9/01)