

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007449

1. Entity Name

WORLD AIRCRAFT SERVICES CORP.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90868 017 ***150.00

Principal Place of Business

Mailing Address

3813 S.W. 8TH ST.
CORAL GABLES FL 33134

3813 S.W. 8TH ST.
CORAL GABLES FL 33134-3001

2. Principal Place of Business

1280 E Golf View Dr

3. Mailing Address

1280 E Golf View Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pine

City & State

Pembroke Pine

4. FEI Number

65-0898203

Applied For

Not Applicable

Zip

33026

Country

Broward

Zip

33026

Country

Broward

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

ORDENES, DANY A
3813 S.W. 8TH ST.
CORAL GABLES FL 33134

Name

Alejandro Penichet

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

1280 E Golf View Dr

City

Pembroke Pine

FL

Zip Code

33026

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/15/00

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 | PTD ORDENES, DANY A 8540 SW 212 STREET MIAMI FL 33189 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVD PENCHET, ALEJANDRO J 8540 SW 212 STREET MIAMI FL 33189 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS Alejandro Penichet 1280 E Golf View Dr Pembroke Pine FL 33026 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Arcely Penichet 1280 E Golf View Dr Pembroke Pine FL 33026 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000

Date

Daytime Phone #

CR2E034 (9/99)