

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010219

1. Entity Name
AVIATION CONTROLS, INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90018 007 ***150.00

Principal Place of Business
2701 E. SUNRISE LAKE #209
SUNRISE FL 33322

Mailing Address
2701 E. SUNRISE LAKE #209
SUNRISE FL 33322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2701 E. Sunrise Lk
Suite, Apt. #, etc.
#209

3. Mailing Address
Suite, Apt. #, etc.

City & State
Sunrise FL

City & State

4. FEI Number 65-0891405

Applied For
Not Applicable

Zip 33322 Country USA.

Zip Country

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

FLORES, ROSA
2701 E. SUNRISE LAKE #209
SUNRISE FL 33322

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 P
NAME FLORES, ROSA
STREET ADDRESS 2701 E SUNRISE LAKE 209
CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete

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

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)