

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011856

1. Entity Name

FLIGHT COMPOSITE INTERNATIONAL CORP.

Principal Place of Business

P. O. BOX 59-0835
MIAMI FL 33180

Mailing Address

P. O. BOX 59-0835
MIAMI FL 33180

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

65-0902020

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

FARIAS, JOSE A
8772 SW 214TH TERR.
MIAMI FL 33189

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	PP V.P. D.	<input type="checkbox"/> Delete
NAME	FARIAS, JOSE A	
STREET ADDRESS	8772 SW 214TH TERR.	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	PSD.	<input type="checkbox"/> Delete
NAME	BRIAN AYLLWIN	
STREET ADDRESS	1301 NE MIAMI GARD. 33149	
CITY-ST-ZIP	MIAMI FL 33149	
TITLE	PSD.	<input type="checkbox"/> Delete
NAME	BRIAN AYLLWIN	
STREET ADDRESS	8294 NW 64 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE A FARIAS	
STREET ADDRESS	8772 SW 214TH TERR	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/01. (306) 6391949



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)