

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90184 019 \*\*\*150.00

**DOCUMENT # P99000013919**

1. Entity Name  
**AMERICAN AVIATION SUPPORT GROUP CORP.**

Principal Place of Business  
**860 NORTHEAST 207TH TERRACE  
SUITE 106  
NORTH MIAMI FL 33179**

Mailing Address  
**860 NORTHEAST 207TH TERRACE  
SUITE 106  
NORTH MIAMI FL 33179**

2. Principal Place of Business

3. Mailing Address  
**8311 N.W. 64<sup>th</sup> ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**MIAMI, FL.**

Zip

Country

Zip

Country

**33166**

**U.S.A.**

4. FEI Number  
**65-0894161**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

## 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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  
**PSTD  
VILLAVICENCIO, CARLOS  
860 NORTHEAST 207TH TERRACE  
NORTH MIAMI FL 33179** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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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:

**SIG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-2-02**

CR2E034 (4/02)

Attachment  
#T99000013919

123703

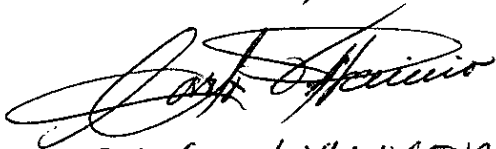
AMERICAN AVIATION SUPPORT GROUP, INC.  
8315 NW 64th ST., BAY # 3  
Miami, FL 33166

PH: (305) 463-0747  
FAX: (305) 463-0757

DIVISION of CORPORATION  
UNIFORM BUSINESS REPORT FILINGS

AS PER PHONE CONVERSATION, I NEVER  
RECEIVED THE FIRST NOTICE, THEN I WAS  
TOLD TO WRITE YOU A LETTER WITH AN  
EXPLANATION AND THIS IS REASON WHY.  
THEREFORE I AM MAILING THE \$150.00  
PERTAINING TO THIS CORPORATION.

SINCERELY,



CARLOS VILLAVICENCIO  
PRESIDENT