

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90202 017 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000014465

1. Entity Name
AK AERO SERVICES, INC.



Principal Place of Business
2530 NW BOCA RATON BLVD
BOCA RATON, FL 33431

Mailing Address
2530 NW BOCA RATON BLVD
BOCA RATON, FL 33431

2. Principal Place of Business

2530 NW Boca Raton Blvd
Suite, Apt. #, etc.
Boca Raton FL

3. Mailing Address

2530 NW Boca Raton Blvd
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Boca Raton FL

4. FEI Number

65-0894498

Applied For
Not Applicable

Zip
33431

Country
US

Zip
33431

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPUR, ARUN T
2530 NW BOCA RATON BLVD
BOCA RATON, FL 33431

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
Annual May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KAPUR, ARUN T
2530 N.W. BOCA RATON BLVD.
BOCA RATON, FL 33431 ☐ Delete

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

A Kapur

ARUN KAPUR

2/20/03

(301) 271-6033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)