

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000016165****1. Entity Name**
SUPERIOR AIRCRAFT SERVICES, INC.**Principal Place of Business**
FT. LAUDERDALE AIRPORT
FT. LAUDERDALE FL**Mailing Address**
300 TERMINAL DR
FT. LAUDERDALE FL 33315**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 **06-1564654**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****SMITH, TONYA**
2360 NW 154 ST.
MIAMI FL 33054**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.**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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **CEO** ☐ Delete
NAME **SMITH, JEROME**
STREET ADDRESS **4710 SW 147TH TERR**
CITY-ST-ZIP **MIRAMAR FL 33017****TITLE** **P** ☐ Delete
NAME **WILLIAMS, FRED**
STREET ADDRESS **4731 NW 16TH ST**
CITY-ST-ZIP **LAUDERHILL FL 33313****TITLE** **CFO** ☐ Delete
NAME **PYNE, DANNY**
STREET ADDRESS **6280 NW 186TH ST, #205**
CITY-ST-ZIP **MIAMI FL 33015****TITLE** **VP** ☐ Delete
NAME **ROSE, ROBERT**
STREET ADDRESS **345 NW 7TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33311****TITLE** **VP** ☐ Delete
NAME **MOBLEY, PHIL**
STREET ADDRESS **7499 NW 48TH CT**
CITY-ST-ZIP **LAUDERHILL FL 33319****TITLE** **BM** ☐ Delete
NAME **WATSON, CLINTON**
STREET ADDRESS **9445 NW 39TH PL**
CITY-ST-ZIP **SUNRISE FL 33351****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANNY PYNE CEO

Date

1/3/01

Daytime Phone #

305-785-7694**FILED**
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90036 043 ***150.00

00001958

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)