

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90012 025 ***550.00

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

Same As Above

3. Mailing Address

1100 LEE WAGNER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1 207 B

City & State

Fort Lauderdale, FL

4. FEI Number **06-1564654**

Applied For
 Not Applicable

Zip

Country

Zip **33315**
~~33007~~

Country **USA**

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 **N/A Same Person**
 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 **Tonya A. Smith**
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

07-30-02
 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

TITLE	CEO	<input type="checkbox"/> Delete
NAME	SMITH, JEROME	
STREET ADDRESS	4710 SW 147TH TERR	
CITY-ST-ZIP	MIRAMAR FL 33017	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, FRED	
STREET ADDRESS	4731 NW 16TH ST	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	PYNE, DANNY	
STREET ADDRESS	6280 NW 186TH ST, #205	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSE, ROBERT	
STREET ADDRESS	345 NW 7TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOBLEY, PHIL	
STREET ADDRESS	7499 NW 48TH CT	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	BM	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	N/A
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	N/A
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	N/A
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	N/A
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	N/A
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: **J. SIGNATURE JEROME SMITH CEO** **7/24/02** **954-883-3350**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)