2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am P99000027647 DOCUMENT # **Secretary of State** 1. Entity Name S & R AVIATION ENTERPRISES, INC. 02-11-2002 90218 003 ***150.00 Principal Place of Business Mailing Address 9350 SOUTH DIXIE HIGHWAY 9350 SOUTH DIXIE HIGHWAY 10TH FLOOR 10TH FLOOR **MIAMI FL 33156** MIAMI FL 33156 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1095810 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDSTEIN, STUART A Street Address (P.O. Box Number is Not Acceptable) 9350 SOUTH DIXIE HIGHWAY 10TH FLOOR **MIAMI FL 33156** Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01)☐ Addition ☐ Change TITLE ☐ Delete RUSSO, ROBERT R NAME NAME CR2E034 13205 S.W. 71ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE D GOLDSTEIN, STUART A NAME NAME STREET ADDRESS STREET ADDRESS 13651 S.W. 77TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMITE 33158 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addries, with all other like empowered.

FILED