

200.1 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028435

1. Entity Name

AEROMAX INSURANCE SERVICE, INC.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90031 016 ***150.00

Principal Place of Business
1812 #104 S. PARSONS AVE
SEFFNER FL 33584

Mailing Address
1812 #104 S. PARSONS AVE
SEFFNER FL 33584

2. Principal Place of Business

1104 N. PARSONS

3. Mailing Address

Suite, Apt. #, etc.
1104 N. PARSONS Suite E

Suite, Apt. #, etc.
E

City & State

BRANDON FL

City & State

BRANDON FL

Zip

33510

Country

Hillsborough

Zip

33510

Country

Hillsborough

6. Name and Address of Current Registered Agent

OQUENDO, FERNANDO
1812 #104 S. PARSONS AVE
SEFFNER FL 33584

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Fernando Oquendo

[Signature]

4-2-01

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OQUENDO, FERNANDO	
STREET ADDRESS	1619 BURNING TREE LN	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADelyn OQUENDO	
STREET ADDRESS	1619 BURNING TREE LN	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Fernando Oquendo

4-2-01

813-655-7080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)