

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90031 016 \*\*\*150.00

DOCUMENT # P99000028435

1. Entity Name
AEROMAX INSURANCE SERVICE, INC.

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

moved

2. Principal Place of Business
1104 N. PARSONS
Suite, Apt. #, etc.
E
City & State
BRANDON FL

3. Mailing Address
Suite, Apt. #, etc.
1104 N. PARSONS Suite E
City & State
BRANDON FL



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3567214
Applied For
Not Applicable

5. Certificate of Status Desired
Zip Country Hillsborough 33510 Hillsborough
Additional Fee Required \$8.75

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4-2-01

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

Table with 2 columns: OFFICERS AND DIRECTORS (Block 11) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (Block 12). Includes titles, names, and addresses for Fernando Oquendo and Madelyn Oquendo.

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
Date: 4-2-01
Daytime Phone #: 813-655-7080

CFR2E034 (10/00)