2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000034881 1. Entity Name SOUTHERN AERO SALES, INC.				FILED Apr 29, 2001 08:00 AM Secretary of State			
Principal Plac 6000 NW 28TH HANGAR G-11 FT. LAUDERD 33309	WAY	Maiiing Address 6000 NW 28TH WAY HANGAR G-11 FT. LAUDERDALE 33309	FL US				
2. Principal Place of Business 6010 NW 28TH WAY 3. Mailing Address 6010 NW 28TH WAY						-	
Suite, Apt. #, etc. HANGAR G-11		Suite, Apt. #, etc. HANGAR G-11		DO NOT WRITE IN THIS SPACE			
City & State	ALE FL	City & State FT. LAUDERDALE	FL	4. FEI Number 65-0911637	No	pplied For at Applicable	
Zip 33309	Country	Zip 33309	Country us	5. Certificate of Status Desired	X \$8.75 Add Fee Require		
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Re			
HUNT	CHARLES LJR		Name				
108 GARDENS DRIVE #104			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
POMPANO		,					
33069	US		City		FL Zip Code	e	
8. The above	named entity submits this statement for		egistered office or regi	stered agent, or both, in the State of Flor - uired when reinstating)	04/29/2001		
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Make Check Payable					ΨΟ.υ	0 May Be to Fees	
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YANO MARCY S 5200 N.W. 31 AV, APT E-90 FT. LAUDERDALE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNT CHARLES LJR 108 GARDENS DRIVE #104 POMPANO BEACH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. == 47	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
of the cor	or unis report of supplemental report is no poration or the receiver or trustee empoy or on an attachment with an address, w	rue and accurate and that my vered to execute this report as ith all other like empowered.	signature shall have t s required by Chapter	n Section 119.07(3)(i), Florida Statutes. I the same legal effect as if made under or 607, Florida Statutes; and that my name Pres 04/29/2001		ar disastar I	
	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OF	RDIRECTOR	Date	Daytime Phone #		

Date

Daytime Phone #