

FILED

03 APR 17 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000049909 1. Entity Name KF AIRCRAFT SALES, INC.																																			
Principal Place of Business 5930 NW 28TH WAY FORT LAUDERDALE, FL 33309		Mailing Address 5901 NW 24TH WAY FORT LAUDERDALE, FL 33309																																	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																	
City & State		City & State																																	
Zip	Country	Zip	Country																																
4. Name and Address of Current Registered Agent PUMA, JEFFREY C 6650 N FEDERAL HIGHWAY SUITE 240 FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																	
4. FEI number 65-0843836 Applied For Not Applicable																																			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																			
6. 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 		DATE 4/2/03																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE PO NAME FICK, KENNETH C STREET ADDRESS 2600 N.W. 62ND STREET HANGAR 20 CITY-ST-ZIP FORT LAUDERDALE, FL 33309 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE PO NAME FICK, KENNETH C STREET ADDRESS 2600 N.W. 62ND STREET HANGAR 20 CITY-ST-ZIP FORT LAUDERDALE, FL 33309	☐ Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE Change NAME 5901 NW 24th WAY STREET ADDRESS Fort Lauderdale, FL 33309 CITY-ST-ZIP FL 33309 </td> <td style="width: 50%; padding: 2px;"> ☒ Change ☐ Addition </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE Change NAME 5901 NW 24th WAY STREET ADDRESS Fort Lauderdale, FL 33309 CITY-ST-ZIP FL 33309	☒ Change ☐ Addition														
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other information.																																			
SIGNATURE 		DATE 4/2/03																																	

04/07/03 90136 046 150.00



CHECK HERE IF MAKING CHANGES

CR2ED34 (10/02)