

2002 UNIFORM BUSINESS REPORT (UBR)

0248612 AV

DOCUMENT # **P99000050456**

1. Entity Name
AURAJET AVIATION, INC.

Principal Place of Business
**9350 S. DIXIE HWY., SUITE 1550
MIAMI FL 33156**

Mailing Address
**9350 S. DIXIE HWY., SUITE 1550
MIAMI FL 33156**

FILED
02 MAR 15 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FL 32399



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0923766**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MULLER, CHARLES E II
9350 S. DIXIE HWY., SUITE 1550
MIAMI FL 33156**

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 _____ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **GURKY, MICHAEL H GUSKY, MICHAEL H**
STREET ADDRESS **6701 NOB HILL ROAD**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPST** ☐ Delete
NAME **GUSKY, ROBIN L**
STREET ADDRESS **6701 NOB HILL ROAD**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **800005175368** ☐ Change ☐ Addition
NAME **-03/29/02--01006--001**
STREET ADDRESS *******200.00 *****150.00**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **~~HANSEN, STEVEN~~ MARLENE HUNEYCUT**
STREET ADDRESS **6701 NOB HILL ROAD**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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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: *Marlene Huneycutt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02 954-718-3200
Date Daytime Phone #

CR2E034 (9/01)