

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90045 016 ***150.00

DOCUMENT # ~~XXXXXXXXXXXX~~ P99000050950

1. Entity Name
PROFESSIONAL AIRCRAFT SUPPORT INC.

Principal Place of Business Mailing Address
8527 S.W. 109 AVE. **8527 S.W. 109 AVE.**
MIAMI, FL 33173 **MIAMI, FL 33173**

553286

2. Principal Place of Business 3. Mailing Address
15001 N.W. 42 AVE. **15001 N.W. 42 AVE.**

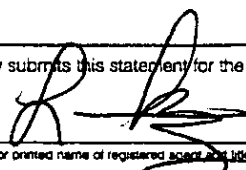
Suite, Apt. #, etc. Suite, Apt. #, etc.
BLDG 47, SUITE 8 **BLDG 47, SUITE 8**

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
OPALOCKA AIRPORT, FL **OPALOCKA AIRPORT, FL** **65-0926885** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33054 **USA** **33054** **USA**

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SOTO VASQUEZ, LILIANA | | Name SOTO VASQUEZ, LILIANA | |
| 8527 S.W. 109 AVENUE | | Street Address (P.O. Box Number is Not Acceptable) 1541 EGRET RD | |
| MIAMI, FL 33173 | | City HOMESTEAD | |
| | | FL Zip Code 33035 | |

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  DATE **04/26/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEES \$150.00**
(See criteria on back) **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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD SOTO VASQUEZ, LILIANA 8527 S.W. 109 AVE. MIAMI, FL 33173 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SOTO VASQUEZ, LILIANA 1541 EGRET RD HOMESTEAD, FL 33035 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **LILIANA SOTO-VASQUEZ 4/26/01 (305) 685-9965**

CR2E034 (11/00)