

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053703

1. Entity Name

GLADES AERO, INC.

FILED

Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90099 026 \*\*\*150.00

Principal Place of Business

Mailing Address

1610 SOUTHERN BOULEVARD  
WEST PALM BEACH FL 33406

1610 SOUTHERN BOULEVARD  
WEST PALM BEACH FL 33406-3242

2. Principal Place of Business

1324 S. MAIN ST

3. Mailing Address

1324 S. MAIN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Belle Glade, FL

City & State

Belle Glade, FL

4. FEI Number

65-0949121

Applied For

Not Applicable

Zip

33430

Country

USA

Zip

33430

Country

USA

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

HOFFMAN, ALLAN L  
1610 SOUTHERN BOULEVARD  
WEST PALM BEACH FL 33406

Name: CALVIN D. ALSTON

Street Address (P.O. Box Number is Not Acceptable)  
1324 S. MAIN ST

City: Belle Glade FL Zip Code: 33430

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

Signature, typed or printed name of registered agent and title if applicable.

CALVIN D. ALSTON

(NOTE: Registered Agent signature required when reinstating)

2-29-00

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, 2000 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: D  
NAME: HOFFMAN, ALLAN L  
STREET ADDRESS: 1610 SOUTHERN BOULEVARD  
CITY-ST-ZIP: WEST PALM BEACH FL 33406 ☒ Delete

TITLE: P. Dir  
NAME: CALVIN D. ALSTON  
STREET ADDRESS: 1324 S. MAIN ST  
CITY-ST-ZIP: Belle Glade, FL 33430 ☐ Change ☒ Addition

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME: Mona L. Miller  
STREET ADDRESS: 1324 S. MAIN ST  
CITY-ST-ZIP: Belle Glade, FL 33430 ☐ Change ☒ Addition

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CALVIN D. ALSTON

Date

Daytime Phone #

2-29-00 561-996-4524

CR2E034 (9/99)