

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072092

1. Entity Name  
M & L AVIATION, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**  
 04-26-2000 90205 002 \*\*\*150.00

Principal Place of Business      Mailing Address

15970 W STATE RD 84, PMB 145      15970 W STATE RD 84, PMB 145  
 SUNRISE FL 33351      SUNRISE FL 33326-1228

119043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

11110 WEST OAKLAND PARK BLVD      11110 WEST OAKLAND PARK BLVD  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 #374      #374  
 City & State      City & State  
 SUNRISE - FLORIDA      SUNRISE FLORIDA  
 Zip      Zip      Country      Country  
 33351      33351      USA      USA

4. FEI Number      Applied For  
 65-0940697      Not Applicable

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

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S  
 1177 SE 3RD AVE  
 FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input checked="" type="checkbox"/> Delete	TITLE	DUP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDA, RAFAEL		NAME	LANDA, RAFAEL	
STREET ADDRESS	15970 W STATE RD 84, PMB 145		STREET ADDRESS	11110 WEST OAKLAND PARK BLVD #374	
CITY-ST-ZIP	SUNRISE FL 33351		CITY-ST-ZIP	SUNRISE - FL 33351	
TITLE	VTSD	<input checked="" type="checkbox"/> Delete	TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, ALBERTO		NAME	MIRANDA, ALBERTO	
STREET ADDRESS	15970 W STATE RD 84, PMB 145		STREET ADDRESS	11110 WEST OAKLAND PARK BLVD #374	
CITY-ST-ZIP	SUNRISE FL 33351		CITY-ST-ZIP	SUNRISE - FL 33351	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE      4/17/00      (954) 423-2401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)