

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90219 021 ***150.00

DOCUMENT # P99000079194

1. Entity Name

GNO AIRCRAFT PARTNERS, INC.

Principal Place of Business

Mailing Address

~~660 N. STATE RD. 7, SUITE 15~~
~~PLANTATION FL 33317~~

~~660 N. STATE RD. 7, SUITE 15~~
~~PLANTATION FL 33317-2117~~

2. Principal Place of Business

3. Mailing Address

4152 NORTH STATE RD 7

4152 NORTH STATE RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAUDERDALE LAKES, FL

City & State

LAUDERDALE LKS, FL

4. FEI Number

65-0945925

Applied For

Not Applicable

Zip

33319

Country

BROWARD

Zip

33319

Country

BROWARD

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

CHUCK MOGBO, P.A.

2331 N. STATE RD. 7 SUITE 124

LAUDERHILL FL 33313

Name

Street Address (P.O. Box Number is Not Acceptable)

2800 W. OAKLAND PK BLVD, SUITE 209

City

OAKLAND PARK

FL

Zip

33311

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

Godwin Okafor **GODWIN OKAFOR**

4-28-00

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

(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, 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 ☐ Delete
NAME **PD**
STREET ADDRESS **OKAFOR, GODWIN**
CITY-ST-ZIP **1007 SW 104TH WAY**
PEMBROKE PINES FL 33025

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LEONORA, ARNOLD**
CITY-ST-ZIP **7453 WOODRUFF WAY**
STONE MOUNTAIN GA 30087

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **OBI, JOSEPH**
CITY-ST-ZIP **118 WILLET WAY**
DAYTONA BCH FL 32119

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Godwin Okafor **GODWIN OKAFOR**

Date

Daytime Phone #

11-2-1999