

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082299

1. Entity Name

C M S AIRCRAFT SUPPORT GROUP, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90028 048 ***158.75

Principal Place of Business

9946 N.W. 49TH TERR.
MIAMI FL 33178

Mailing Address

9946 N.W. 49TH TERR.
MIAMI FL 33178-1919

2. Principal Place of Business

6913 N.W. 43 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEL Number

65-0948400

Applied For

Not Applicable

Zip

33166

Country

DADE

Zip

33166

Country

DADE

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

LUNDELIUS, WALTER D SR
9946 N.W. 49TH TERR.
MIAMI FL 33178

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

WALTER LUNDELIUS SR

3/24/2000

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 D
NAME LUNDELIUS, WALTER D SR
STREET ADDRESS 9946 N.W. 49TH TERR.
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE S/D
NAME LUNDELIUS, WALTER D, SR.
STREET ADDRESS 9946 N.W. 49TH TERR.
CITY-ST-ZIP MIAMI FL 33178 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE P/D
NAME DAVID A. COCKRELL
STREET ADDRESS 6913 N.W. 43 ST
CITY-ST-ZIP MIAMI FL 33166 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V/D
NAME STEVEN Q STEELE
STREET ADDRESS 6913 N.W. 43 ST
CITY-ST-ZIP MIAMI FL 33166 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V/D
NAME PAUL MARKS
STREET ADDRESS 6913 N.W. 43 ST
CITY-ST-ZIP MIAMI FL 33166 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

3/24/00 305-592-5822
Date Daytime Phone #