

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

Apr 19, 2000 8:00 am
Secretary of State

01-24-2000 90266 021 ***150.00

DOCUMENT # P99000082636

Entity Name

H & S AVIATION, INC.

Principal Place of Business

Mailing Address

N.W. 108TH AVENUE
FL 33172

2918 N.W. 108TH AVENUE
MIAMI FL 33172-5908

60006580



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

2918 N.W. 108th Ave
Suite, Apt. #, etc.

2918 N.W. 108th Avenue
Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

4. FEI Number

Applied For

* 65-0950803

Not Applicable

Zip

Country

Zip

Country

33172

U.S.A.

33172

U.S.A.

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

SNGULO, JORGE
10435 N.W. 43RD TERRACE
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

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

(NOTE: Registered Agent signature required when re-registering)

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	PTD	<input type="checkbox"/> Delete
NAME	ANGULO, FLAVIO	
STREET ADDRESS	432 SAILBOAT CIRCLE	
CITY-ST-ZIP	WESTON FL 33326-D	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ANGULO, JORGE	
STREET ADDRESS	10435 N.W. 43RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/18/00

CR2E034 (9/99)