

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

0387354 AV

05-05-2003 90317 009 ***158.75

DOCUMENT # P99000095489



1. Entity Name
BISCH AVIATION CONSULTING, INC.

Principal Place of Business
**1076 NW 53RD ST.
FT. LAUDERDALE FL 33309**

Mailing Address
**1076 NW 53RD ST.
FT. LAUDERDALE FL 33309**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-0958414**
Applied For
 Not Applicable

Zip Country Zip Country

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

**BISCH, SUZANNE GRACE
1076 NW 53RD ST.
FT. LAUDERDALE FL 33309**

Name **Andre Bisch**
Street Address (P.O. Box Number is Not Acceptable)
1076 NW 53rd Street
City **Fort Lauderdale FL** Zip Code **33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Andre Bisch* **Andre Bisch** **4-30-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BISCH, SUZANNE GRACE 1076 NW 53RD ST. FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andre Bisch* **Andre Bisch** **4-30-03 954-931-0193**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)