

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90054 034 \*\*\*150.00

DOCUMENT # P99000096548

1. Entity Name

AMX Aviation Services, Inc.

Principal Place of Business

2633 Lantana Road  
 Suite 9  
 Lantana, Fl 33462

Mailing Address

2633 Lantana Road  
 Suite 9  
 Lantana, Fl 33462

2. Principal Place of Business

2633 Lantana Rd.

Suite, Apt. #, etc.

Suite 9

City & State

Lantana, Fl

33462

Country

USA

3. Mailing Address

2633 Lantana Rd.

Suite, Apt. #, etc.

Suite 9

City & State

Lantana, Fl

Zip

33462

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0959594

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

Spiegel & Utrera, P.A.  
 343 Almeria Avenue  
 Coral Gables, Fl 33134

7. Name and Address of New Registered Agent

Name

Axel M. Mixa

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

2633 Lantana Rd. Suite 9

City

Lantana

FL

Zip Code

33462

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

*Axel Mixa*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*5-1-00*

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

|       |                    |                        |                   |                                 |
|-------|--------------------|------------------------|-------------------|---------------------------------|
| TITLE | NAME               | STREET ADDRESS         | CITY-ST-ZIP       | <input type="checkbox"/> Delete |
|       | Axel M. Mixa - PST | 2633 Lantana Rd. Ste.9 | Lantana, Fl 33462 |                                 |
| TITLE | NAME               | STREET ADDRESS         | CITY-ST-ZIP       | <input type="checkbox"/> Delete |
| TITLE | NAME               | STREET ADDRESS         | CITY-ST-ZIP       | <input type="checkbox"/> Delete |
| TITLE | NAME               | STREET ADDRESS         | CITY-ST-ZIP       | <input type="checkbox"/> Delete |
| TITLE | NAME               | STREET ADDRESS         | CITY-ST-ZIP       | <input type="checkbox"/> Delete |
| TITLE | NAME               | STREET ADDRESS         | CITY-ST-ZIP       | <input type="checkbox"/> Delete |
| TITLE | NAME               | STREET ADDRESS         | CITY-ST-ZIP       | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Axel Mixa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*5-1-00*

*561-434-9798*