


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

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

05-05-2003 91440 002 ***158.75

DOCUMENT # P99000097223
1. Entity Name
Bischo Aviation Services Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1076 NW 53rd ST
Suite, Apt. #, etc.

3. Mailing Address
1076 NW 53rd ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE FL

4. FEI Number
45-0960464

Applied For
 Not Applicable

Zip
33309 Country
BRAWARD

Zip
33309 Country
BRAWARD

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Suzanne Grace Bischo

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 Suzanne Grace Bischo Suzanne Grace Bischo 3-30-03
Signature, typed or printed name of registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Andre Bischo</u> <u>President</u> <u>1076 NW 53rd Street</u> <u>Fort Lauderdale FL</u> <u>33309</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: J. P. P. P. P. 4-30-03 954- 931-0183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)