

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 09, 2000 8:00 am
Secretary of State

05-01-2000 90033 003 ***150.00

DOCUMENT # P99000099291

1. Entity Name

HORIZONS AVIATION SALES & SERVICES INC.

Principal Place of Business

1472 NW 78 AVENUE
MIAMI FL 33126

Mailing Address

1472 NW 78 AVENUE
MIAMI FL 33126-1608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0964070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, ARTURO
1472 NW 78 AVENUE
MIAMI FL 33126

7. Name and Address of New Registered Agent

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 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CATALANO, MARIO	
STREET ADDRESS	1472 NW 78 AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RUIZ-LANO, ALAIN	
STREET ADDRESS	1472 NW 78 AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANCHEZ, ARTURO	
STREET ADDRESS	1472 NW 78 AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SARDINAS, JOSE	
STREET ADDRESS	1472 NW 78 AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LEVY, MARIO	
STREET ADDRESS	1472 NW 78 AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, ALAIN	
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
NAME		
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

ARTURO SANCHEZ

Date

Daytime Phone #

4/21/00 (305) 639-3045

CR2E034 (9/99)