

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90122 009 ***150.00

DOCUMENT # S46927

1. Entity Name
AVIATION FLIGHT CONTROL SERVICES, INC.

Principal Place of Business

**2100 NW 93 AVENUE
 MIAMI FL 33172
 US**

Mailing Address

~~2100 N.W. 93RD AVENUE~~
~~MIAMI~~
~~FL 33172~~
~~US~~

2. Principal Place of Business

3. Mailing Address
2100 N.W. 93rd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

4. FEI Number

65-0264367

Applied For

Not Applicable

Zip

Country

Zip **33172**
~~33131~~

Country

USA

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

~~FROST, IRWIN M.
 100 SE 2ND ST
 27TH FLOOR
 MIAMI FL 33131~~

Name
ORLANDO PERUYERO

Street Address (P.O. Box Number is Not Acceptable)
2100 N.W. 93rd Avenue

City
Miami

FL

Zip Code
33172

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 *Orlando Peruyero*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/02

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, 2002 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 **D** ☐ Delete
 NAME **ZAMORA, CESAR**
 STREET ADDRESS ~~8955 NW 88TH AVE.~~
 CITY-ST-ZIP ~~MEDLEY FL~~

TITLE **D** ☒ Change ☐ Addition
 NAME **ZAMORA, CESAR**
 STREET ADDRESS **2100 N.W. 93rd Avenue**
 CITY-ST-ZIP **Miami, FL 33172**

TITLE **D** ☐ Delete
 NAME **PERUYERO, ORLANDO**
 STREET ADDRESS **9955 NW 88TH AVE.**
 CITY-ST-ZIP **MEDLEY FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **PERUYERO, ORLANDO**
 STREET ADDRESS **2100 N.W. 93rd Avenue**
 CITY-ST-ZIP **Miami, FL 33172**

TITLE **D** ☐ Delete
 NAME **MARRERO, VICTOR**
 STREET ADDRESS **9955 NW 88TH AVE.**
 CITY-ST-ZIP **MEDLEY FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **MARRERO, VICTOR**
 STREET ADDRESS **2100 N.W. 93rd Avenue**
 CITY-ST-ZIP **Miami, FL 33172**

TITLE **D** ☐ Delete
 NAME **PEREZ, JULIO A.**
 STREET ADDRESS **8955 NW 88TH AVE.**
 CITY-ST-ZIP **MEDLEY FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **PEREZ, JULIO A.**
 STREET ADDRESS **2100 N.W. 93rd Avenue**
 CITY-ST-ZIP **Miami, FL 33172**

TITLE **D** ☐ Delete
 NAME **GONZALEZ, WILFREDO**
 STREET ADDRESS **9955 NW 88TH AVE.**
 CITY-ST-ZIP **MEDLEY FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **GONZALEZ, WILFREDO**
 STREET ADDRESS **2100 N.W. 93rd Avenue**
 CITY-ST-ZIP **Miami, FL 33172**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

Orlando Peruyero *1/17/02*

CR2E034 (9/01)