

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90083 028 ***150.00

DOCUMENT # S50563



1. Entity Name
MIDLAND AERO, INC.

Principal Place of Business
**7559 NW 70 ST
MIAMI FL 33166**

Mailing Address
**P. O. BOX 025216
DEPT. #815
MIAMI FL 33102-5216
US**



2. Principal Place of Business
1601 NW 97th Ave

3. Mailing Address

Suite, Apt. #, etc.
Dpt 815

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

4. FEI Number **65-0215061**

Applied For
Not Applicable

Zip
33172

Country
USA

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

**INTELMAR U.S.A., INC.
7559 NW 70 ST
MIAMI FL 33166**

Name
Jose Carlos Arce
Street Address (P.O. Box Number is Not Acceptable)
**Dpt 815
1601 NW 97th Ave
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jose Carlos Arce**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

Jose Carlos Arce

4/7/2003

**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 **PST** ☐ Delete
NAME **SMITH, HEIDI**
STREET ADDRESS **7559 N.W. 70TH ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **PST** ☒ Change ☐ Addition
NAME **Smith, Heidi**
STREET ADDRESS **1865 Brickell Ave. A-1107**
CITY-ST-ZIP **Miami, FL 33129**

TITLE **V** ☐ Delete
NAME **ARCE, JOSE M**
STREET ADDRESS **AVE. 7, C 3 Y 5, ED FINSA**
CITY-ST-ZIP **SAN JOSE CO**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Jose M Arce**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-03

506-222-4555

CR2E034 (10/02)