

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90077 006 \*\*\*158.75

**DOCUMENT # S64165**

1. Entity Name

**R. J. F. AVIATION CONSULTANTS, INC.**

Principal Place of Business

**8295 NW 170TH ST.  
HIALEAH FL 33015  
US**

Mailing Address

**8295 NW 170TH ST.  
HIALEAH FL 33015  
US**

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 **65-0274180**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FOSTER, BARBARA  
PLAYERS CLUB BLDG 1  
1543 CORAL RIDGE  
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **SAME STATE / NEW ADDRESS**  
Street Address (P.O. Box Number is Not Acceptable)  
**8295 NW 170 ST**  
City **HIALEAH** FL Zip Code **33015**

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, 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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **FOSTER, BARBARA**  
CITY-ST-ZIP **1543 CORAL RIDGE DR  
CORAL SPRINGS FL 33071**

TITLE ☒ Change ☐ Addition  
NAME **P**  
STREET ADDRESS **BARBARA FOSTER**  
CITY-ST-ZIP **8295 NW 170 ST  
HIALEAH, FL 33015** **US A**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **FOSTER, RICHARD J**  
CITY-ST-ZIP **17056-16TH AVE SW  
NORMANDY PARK WA 98166**

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  
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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

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:

**BARBARA FOSTER, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**1-25-2002 206-248-6984**

CR2E034 (9/01)