

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90951 034 \*\*\*150.00

**DOCUMENT # S84738**

1. Entity Name  
**AVTEAM, INC.**

Principal Place of Business

3230 EXECUTIVE WAY  
 MIRAMAR FL 33025  
 US

Mailing Address

~~3230 EXECUTIVE WAY~~ **8130 N.W. 74TH AVE**  
~~MIRAMAR FL 33025~~ **MEADLEY, FL. 33166**  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0313187**

Applied For  
 Not Applicable

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME	DS PRESTON, RICHARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1930 N.E. 118 ROAD	
CITY-ST-ZIP	NORTH MIAMI FL 33167	
TITLE NAME	DPC GRAW, DONALD A.	<input type="checkbox"/> Delete
STREET ADDRESS	6211 NW 98TH DR	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE NAME	DV LEVY, JAIME	<input type="checkbox"/> Delete
STREET ADDRESS	18111 N.W. 16 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE NAME	V MCFARLAND, THOMAS B	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	19461 N.W. 10 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE NAME	T KOONDEL, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	12435 NW 19TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Mark Koonde  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 305-885-890  
 Date Daytime Phone #

CR2E034 (10/00)