

# 2000 UNIFORM BUSINESS REPORT (UBR)

PH90 1072

DOCUMENT # V21679

1. Entity Name  
ALL AIRCRAFT, INC

FILED

00 JUN 29 PM 2:41

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
4501 NW 103RD AVE #104  
SUNRISE, FL 33351

2. Principal Place of Business 3. Mailing Address  
4501 NW 103RD AVE 4501 NW 103RD AVE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
#104 #104

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
SUNRISE FL 33351 SUNRISE FL 65-0382185 Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
33351 33351

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
Michael B. Falls  
731-1 NE 12TH  
BOYDTON BEACH FL 33435  
Name Michael B. Falls  
Street Address (P.O. Box Number is Not Acceptable)  
731-1 NE 12TH  
City Boydton Beach FL FL Zip Code 33435

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]* (NOTE: Registered Agent signature required when reinstating) DATE 6/25/00  
Signature, typed or printed name of registered agent and title if applicable.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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]* Michael B. Falls DATE 6/25/00 954-747-8860  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ALL AIRCRAFT INC  
4501 N.W. 103rd aye #104  
SUNRISE, FL 33351

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fla dept of state  
DIV OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

ATTN: M. MILLIGAN

DEAR MS MILLIGAN,

PURSUANT TO OUR CONVERSATION WITH YOUR OFFICE FIND ENCLOSED  
OUR CHECK FOR \$300.00 DOLLARS TO COVER THE COST OF RENEWAL  
FOR THE 1999 and 2000 years

ALTHOUGH WE FEEL THAT WE FILED A RETURN FOR 1999 YOU HAVE  
ADVISED US THAT THE RENEWAL PACKAGE WAS RETURNED DUE TO A  
IMPROPER ADDRESS. THANK-YOU FOR AGREEING TO RENEW AT THE  
POSTED RATES.

I HAVE CORRECTED THE ADDRESS ON THE CORPORATE REPORT FORM  
THANKS FOR YOUR PATIENCE.

SINCERLY,

  
MICHAEL FALLS as pres

6/23/00