

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90147 004 ***158.75

DOCUMENT # V21679

1. Entity Name
ALL AIRCRAFT, INC.

Principal Place of Business

**4501 N.W. 103RD AVENUE
 #104
 SUNRISE FL 33351**

Mailing Address

**4501 N.W. 103RD AVENUE
 #104
 SUNRISE FL 33351**

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 **65-0392185**

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

**FALLS, MICHAEL
 731-1 NE 12TH DR
 BOYNTON BEACH FL 33435**

Name **Michael B. Falls**

Street Address (P.O. Box Number is Not Acceptable)

4501 N.W. 103rd Ave #104

City **SUNRISE**

FL

Zip **33351**

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 *Michael B. Falls as President* **4/26/01**

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, 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 **PS** ☐ Delete
 NAME **FALLS, MICHAEL B.**
 STREET ADDRESS **7531-1 NE 12TH DR**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **PS** ☒ Change ☐ Addition
 NAME **FALLS, Michael B.**
 STREET ADDRESS **4501 N.W. 103rd Ave #104**
 CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Michael B. Falls as President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01
 Date

934-747-9866
 Daytime Phone #

CR2E034 (10/00)