2002 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2002 8:00 am § Secretary of State **DOCUMENT #** V53706 1. Entity Name 03-05-2002 90092 008 ***150.00 STELLA MARIS AVIATION, INC. Mailing Address Principal Place of Business 3406 S.W. 9TH AVENUE 3406 S.W. 9TH AVENUE FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0358756 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THOMSON, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 3406 S.W. 9TH AVENUE FT. LAUDERDALE FL 33315 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change ☐ Addition CR2E034 (9/01) ☐ Delete TITLE DD F THOMSON, MICHAEL NAME NAME 3406 S.W. 9TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME FRIESE, JORG STREET ADDRESS STREET ADDRESS 3406 S.W. 9TH AVENUE CITY-ST-ZIP FT. LAUDERDALE, FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ST TITLE NAME NAME FUHRMANN, MONIKA STREET ADDRESS STREET ADDRESS 3406 S.W. 9TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change Addition | ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

FILED