

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91865 024 \*\*\*150.00

0658101 AT

**DOCUMENT # 496425**

1. Entity Name  
**94TH AERO SQUADRON OF MIAMI, INC.**



Principal Place of Business  
**8191 E KAISER BLVD  
ANAHEIM CA 92808**

Mailing Address  
**8191 E KAISER BLVD  
~~SUITE 250~~  
ANAHEIM CA 92808**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**8191 E. KAISER BLVD**

City & State

City & State  
**ANAHEIM, CA**

4. FEI Number  
**95-3062764**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**92808-2214**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TALLICHET, CECILIA 4155 E LA PALMA AVE #250 ANAHEIM CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TALLICHET, DAVID C., JR. 4155 E LA PALMA AVE #250 ANAHEIM CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCMAHON, JUDITH 4155 E LA PALMA AVE #250 ANAHEIM CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ROYSE, BOB D 4155 E LA PALMA AVE #250 ANAHEIM CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TALLICHET, CECILIA 4155 E LA PALMA AVE #250 ANAHEIM CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
8191 E. KAISER BLVD ANAHEIM, CA 92808-2214	
PD JOHN TALLICHET 8191 E. KAISER BLVD ANAHEIM, CA 92808-2214	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
8191 E. KAISER BLVD ANAHEIM, CA 92808-2214	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
8191 E. KAISER BLVD ANAHEIM, CA 92808-2214	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE Tallichet*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03 714-279-6100  
Date Daytime Phone #

CFR2E034 (10/02)