2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700000138 1. Entity Name BECKER AVIONICS, INC.					Jan 23, 2002 8:00 am Secretary of State 01-23-2002 90021 020 ***150.00			
Principal Place of Business 10830 NW 27TH STREET MIAMI FL 33172		Mailing Address 10830 NW 27TH STREET MIAMI FL 33172			4 100 KINDO JIFR JOHN 100JI GOJIF 22111 ODI) 10) 10) 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10	ONDO BOSE TODOS	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
: City & State		City & State		4. F	4. FEI Number 22-2103755 Applied For Not Applicable			
Zip •	Country	Zíp Cor	untry	5. C	Certificate of Status Desired [\$8.75 Add		
	6: Name and Address of Current Re	egistered Agent		7. N	lame and Address of New Regis	<u> </u>		
			Name					
ONE BOO	WILLIAM S ESQ A PLACE, SUITE 411-E		Street Add	et Address (P.O. Box Number is Not Acceptable)				
2255 GLA BOCA RA	des Rd. Ton FL 33431-7383	City				FL Zip Code	 a	
Tax filing ((See criter	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FE After May 1, 2002 Fe Make Check Payable to	e will be \$550 Department o)).00 of State	10. Election Campaign Financi Trust Fund Contribution.	☐ Added	0 May Be to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP BECKER, ROLAND 10830 NW 27TH STREET MIAMI FL 33172	☐ Delete TI N/ SI CI	TLE AME TREET ADDRESS TY-ST-ZIP	ADI	DITIONS/CHANGES TO OFFICEF	☐) Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KRAMER, WILLIAM S ONE BOCA PALCE, SUITE 411-E 2 BOCA RATON FL 33431-7383	255 GLADES RD SI	TLE AME REET ADDRESS TY-ST-ZIP			☐ Change	☐ Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	VS BUENAVENTURA, RIGOL 10830 NW 27TH STREET MIAMI FL 33172	NA ST		V RIGOL, 10830 N MIAMI	BUENAVENTURA W 27th STREET FL 33172	⊠ (* Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA ST	TLE AME REET ADDRESS TY-ST-ZIP	•		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA ST	TLE AME REET ADDRESS TY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA ST	TLE MME REET ADDRESS TY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empore, or on an attachment with an address, where	ue and accurate and that my sign ered to execute this report as req	remption stated lature shall have uired by Chapte	l in Section 1 e the same le er 607, Florid	19.07(3)(i), Florida Statutes. I furt egal effect as if made under oath; da Statutes; and that my name ap,	ner certify that the in that I am an officer opears in Block 11 or	formation or director Block 12 if	

BUENAVENTURA RIGOL 01/08/2002

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SIGNATURE:

(305) 597-0069