

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H95313

1. Entity Name

AEROSPACE ACCESSORY SERVICES, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90026 013 ***150.00

Principal Place of Business

8283 NW 64TH ST
UNIT 4
MIAMI FL 33166

Mailing Address

8283 NW 64TH STREET
UNIT #4
MIAMI FL 33166-2769
US

2. Principal Place of Business

8181 NW 67TH STREET

3. Mailing Address

8181 NW 67TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

Zip

33166

Country

4. FEI Number

65-0918718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARJONA, JUAN O
12410 SW 184TH STREET
MIAMI FL 33177

7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 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

TITLE ☐ Delete
NAME P
STREET ADDRESS CHAPELLI, ARMANDO C JR
CITY-ST-ZIP 6707 DEMOCRACY BLVD, STE 1010
BETHESDA MD 20817

TITLE ☐ Delete
NAME M
STREET ADDRESS ARJONA, JUAN O
CITY-ST-ZIP 8283 NW 64TH ST, BAY A
MIAMI FL 33166

TITLE ☐ Delete
NAME T
STREET ADDRESS MARTIN, JOHN A
CITY-ST-ZIP 6707 DEMOCRACY BLVD, STE 1010
BETHESDA MD 20817

TITLE ☐ Delete
NAME V
STREET ADDRESS ABISEID, ROBERT C
CITY-ST-ZIP 8283 NW 64TH ST, BAY A
MIAMI FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)