

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

0259400 AV

DOCUMENT # K64726

1. Entity Name
AVIATION INSTRUMENTS REPAIR SPECIALISTS, INC

02-25-2002 90091 028 ***150.00

Principal Place of Business
665 MOKENA DRIVE, STE 104
MIAMI SPRINGS FL 33166

Mailing Address
665 MOKENA DRIVE, STE 104
MIAMI SPRINGS FL 33166



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. FEI Number **65-0102026**

Applied For
 Not Applicable

Zip Country

Zip Country

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

EDUARTEZ, JOSE A.
285 FAIRWAY DRIVE
MIAMI BCH FL 33141

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 _____ (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, 2002 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 Delete
 NAME **PD RAMOS, ROBERT**
 STREET ADDRESS **2940 ALTON ROAD**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE Change Addition
 NAME **D Ramos, Robert**
 STREET ADDRESS **205 E. San Marino Dr.**
 CITY-ST-ZIP **Miami Beach, Fl 33139**

TITLE Delete
 NAME **VD EDUARTEZ, JOSE A.**
 STREET ADDRESS **285 FAIRWAY DRIVE**
 CITY-ST-ZIP **MIAMI BCH FL**

TITLE Change Addition
 NAME **PTD Eduartez, Jose A.**
 STREET ADDRESS **940 88 St.**
 CITY-ST-ZIP **Surfside, Fl 33154**

TITLE Delete
 NAME **SD RAVELO, OSCAR**
 STREET ADDRESS **5425 WEST 27TH LANE**
 CITY-ST-ZIP **HIALEAH FL**

TITLE Change Addition
 NAME **VSD Ravelo, Oscar**
 STREET ADDRESS **601 SW 178 Way**
 CITY-ST-ZIP **Pembroke Pines, Fl 33029**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 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: JOSE A. EDUARTEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02

Date

(305) 887-5600

Daytime Phone #

CR2E034 (9/01)