

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90178 029 ***150.00

DOCUMENT # P00000101376

1. Entity Name

AERO CAPITAL CORPORATION



DO NOT WRITE IN THIS SPACE

90088722

2. Principal Place of Business

21 DUNBAR ROAD

Suite, Apt. #, etc.

3. Mailing Address

21 DUNBAR ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH GARDENS

Zip
33418

Country
Palm Beach

City & State

PALM BEACH GARDENS

Zip
33418

Country
Palm Beach

4. FEI Number

65-1093192

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARTIN MAY

Street Address (P.O. Box Number is Not Acceptable)

21 DUNBAR ROAD

City PALM BEACH GARDENS

FL

Zip Code
33418

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
MARTIN MAY
21 DUNBAR ROAD
PALM BEACH GARDENS, FL. 33418

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
HELEN K. MAY
21 DUNBAR ROAD
PALM BEACH GARDENS, FL. 33418

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin May* MARTIN MAY

4/12/03 5616223636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)