

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90085 023 ***158.75

AV

DOCUMENT # P15355
 1. Entity Name
BE AEROSPACE, INC.

Principal Place of Business 1400 CORPORATE CTR WAY WELLINGTON FL 33414 US	Mailing Address 1400 CORPORATE CENTER WAY WELLINGTON FL 33414 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 06-1209796	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	C <input type="checkbox"/> Delete
NAME	KHOURY, AMIN J.
STREET ADDRESS	1400 CORPORATE CENTER WAY
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	PCEO <input type="checkbox"/> Delete
NAME	KHOURY, ROBERT J
STREET ADDRESS	900 FOX VALLEY DRIVE, STE 104
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	VCFO <input type="checkbox"/> Delete
NAME	MCCAFFREY, THOMAS P.
STREET ADDRESS	1400 CORPORATE CENTER WAY
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	VPS <input type="checkbox"/> Delete
NAME	MORIARTY, EDMUND J
STREET ADDRESS	1400 CORPORATE CENTER WAY
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	VPT <input type="checkbox"/> Delete
NAME	HOLTZMAN, JEFFREY P.
STREET ADDRESS	1400 CORPORATE CENTER WAY
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	AS <input type="checkbox"/> Delete
NAME	MILLER, WILLIAM A
STREET ADDRESS	1400 CORPORATE CENTER WAY
CITY-ST-ZIP	WELLINGTON FL 33414

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Edmund J. Moriarty* **Edmund J. Moriarty** **1/10/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)