FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Jun 06, 2001 8:00 am Secretary of State DOCUMENT # P96000048491 ZGA AIRCRAFT PARTS, INC. 06-06-2001 90007 021 ***150.00 Mailing Address Principal Place of Business 5675 NORTHWEST 84 AVENUE 5675 NORTHWEST 84 AVENUE MUUIFOOA MIAMI FL 33166 MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0681407 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE (NOT! Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW! I FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payat e to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition **PSTD** Change ☐ Delete TITLE TITLE ZOTTI, ROBERTO F NAME STREET ADDRESS 5675 NORTHWEST 84 AVENUE STREET ADDRESS CITY-ST-71P CITY-ST-ZIP MIAMI FL 33166 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-CITY-ST-7IP 13. Thereby certify that the information supplied with this lime 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 in earn accurate and that r y 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 is regarded or an attempt with an address with labor like or and the product with a new tree to the corporation of the corporation of the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the receiver or trustee empow changed, or on an attachment with an address

SIGNATURE:

all other like empowered

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER - R DIRECTOR