2000 UNIFORM BUSINESS REPORT (UBR)

| 2000 | UNIFORM BUSI | NESS REPO | RT | (UBF | ?) | <i>t</i> | 00 | 7.6 | 12 | 0147331 |
|---|---|--|--|----------------------------|--|--|----------------|-------------------------------|---------------------------|----------------|
| DOCUMENT # P97000087816 14: Entity Name | | | | | | FILED | | | | |
| HEICO AEROSPACE HOLDINGS CORP | | | | | | 00 APR -3 AM 10: 31 | | | | |
| Principal Place | e of Business | Mailing Address | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | |
| C/O HEICO CO 3000 TAFT ST HOLLYWOOD FI | | C/O HEICO CORPORATION 3000 TAFT ST HOLLYWOOD FL 33021-4441 | | | | | | | | |
| 2. Principal P | ace of Business | 3. Mailing Address | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | DO NOT WRITE | IN THIS SP | ACE | | |
| City & State | е | City & State | | | 4 | . FEI Number 65-0831428 | | _ | plied For t Applicable | } |
| Zip Country | | Zip | Country | | 5 | . Certificate of Status Desired | □ \$6 | 8.75 Add e Required | itional |] |
| | 6. Name and Address of Current F | l Registered Agent | | | 7 | . Name and Address of New Reg | istered Ag | ent | | 1 |
| | | | | Name | | | | | | |
| MENDELSON, VICTOR H 3000 TAFT ST | | | | Street Ad | t Address (P.O. Box Number is Not Acceptable) | | | | | |
| HOLI | LYWOOD FL 33021 | | | | | | | | | |
| | | | | City | | | FL | Zip Code | ; |] |
| 8. The above | named entity submits this statement for | the purpose of changing its | registere | ed office or | registered | agent, or both, in the State of Floric | la. | | | 1 |
| SIGNATURE . | | | | | | | DATE | | | |
| | Signature, typed or printed name of registered agent ar | | | | ire required whe | n reinstating) | DATE | | | 4 |
| Tax filing requirement and elects to do so. After MAY 1, | | | !! FEE IS \$150.00 00 Fee will be \$550.00 le to Department of Sta | | | Election Campaign Finan Trust Fund Contribution. | icing | | D May Be to Fees | |
| 11. | 12. | -partition | | ADDITIONS/CHANGES TO OFFIC | FRS AND C | IRECTORS | S IN 11 | 4 | | |
| TITLE | OFFICERS AND DIRECTORS Delete | | TITLE | : | | TESTION OF STREET | | Change | Addition | 1 66 |
| NAME | HERDT, WALTER | | NAMI | | | | | | | 4 (9 |
| STREET ADDRESS | 3000 TAFT ST | | | et address -st-zip | | | | | | 183 |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | | TITLE | | AS | | | Change | Addition | CR2E034 (9/99) |
| TITLE NAME | S Leteudre, Elizabeth R | □ Delete | NAMI | E . | ETENT. | re, Elizabeth L | | _ onlings | | ľ |
| STREET ADDRESS | | | | ET ADDRESS | AS LETENDRE, Elizabeth L 3000 TAFT Street Hollywood, A 33021 | | | | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | | - | -ST-ZIP | Hollywi | 100, A 33021 | | 7.01 | | 4 |
| TITLE NAME | DT TELOMAC IDMINEC | ☐ Delete | TITLE | | | من فرست السوا فرسة فرسة فرسة فرسة | _ | Change | ☐ Addition | |
| STREET ADDRESS | THOMAS, IRWIN S 3000 TAFT STREET | | | ET ADDRESS | | 7000032 -04/11/ | 214333 0001 | : | 701 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | - | CITY | -ST-ZIP | | ***405 | | | | 1 |
| TITLE | DP | ☐ Delete | TITLE | | | | | Change | ☐ Addition | |
| NAME STREET ADDRESS | MENDELSON, ERIC A | | NAME STRE | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | 3000 TAFT STREET HOLLYWOOD FL 33021 | | | - ST-ZIP | ļ | | | | | |
| TITLE | DV | Delete | TITLE | | V | -, | 5 | Change | Addition | |
| NAME | REUM, JAMES L | | NAMI | E | REUM, | JAMES L AFT STIEDT | · | ` | | |
| STREET ADDRESS CITY-ST-ZIP | 3000 TAFT STREET | | | ET ADDRESS - ST-ZIP | 16000 7 | 100 D, FC 33021 | | | | |
| TITLE | HOLLYWOOD FL 33021 | | TITLE | | rizityw | 1000, 100 00001 | | Change | Addition | 1 |
| NAME | WOLFGANG, MAYRHUBER | | NAMI | | | P | _S | . 5- | | |
| STREET ADORESS | 3000 TAFT STREET | | | ET ADDRESS | | ť | . • | | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | al-t- Pilling along and accept the | CHY- | -ST-ZiP | lad in Ca-*i: | on 110 07/2Vi). Florida Statutas I fi | urther certifi | that the is | formation | - |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

Pg. 2062

Additional Officers and Directors

TITLE

S

NAME

Mendelson, Victor H

STREET ADDRESS

3000 Taft Street

CITY-ST-ZIP

Hollywood, FL 33021

TITLE

DC

NAME

Mendelson Laurans A

STREET ADDRESS

3000 Taft Street

CITY-ST-ZIP

Hollywood, FL 33021