

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020153

1. Entity Name

AEROSPACE ROTABLES, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-15-2001 90015 013 ***150.00

Principal Place of Business

11850 STATE RD 84
DAVIE FL 33325
US

Mailing Address

11850 STATE RD 84
DAVIE FL 33325
US

wrong add -

2. Principal Place of Business

11880 STRAD 84

Suite, Apt. #, etc.

D13

City & State

DAVIE

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0830839

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILLAVICENCIO, MARLENE
2282 SW 132ND WAY
DAVIE FL 33325

7. Name and Address of New Registered Agent

Name MARCO VILLAVICENCIO

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

2282 SW 132nd way

City

DAVIE

FL

Zip Code

33325

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

[Signature] MARLENE VILLAVICENCIO

2/12/01

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

(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, 2001 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 PD
NAME VILLAVICENCIO, MARLENE
STREET ADDRESS 2282 SW 132ND WAY
CITY-ST-ZIP DAVIE FL 33325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President
NAME MARCO VILLAVICENCIO
STREET ADDRESS 2282 SW 132nd way
CITY-ST-ZIP DAVIE FL 33325 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature] MARLENE VILLAVICENCIO

2/12/01

954-452-0056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)