

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059067

1. Entity Name

AERONAUTICAL DRAWINGS & MODIFICATIONS, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90088 022 ***150.00

Principal Place of Business

7370 NW 36TH ST. STE 325-G
MIAMI FL 33166

Mailing Address

7370 NW 36TH ST. STE 325-G
MIAMI FL 33166-6738

CUU10173

(CORPORATE AND INDIVIDUAL FORMS MUST BE FILED WITH THE SECRETARY OF STATE)

2. Principal Place of Business

20441 NE 30 AVE

Suite, Apt. #, etc.

316

City & State

AVENTURA - FL

Zip

33180

Country

USA

3. Mailing Address

20441 NE 30 AVE

Suite, Apt. #, etc.

316

City & State

AVENTURA, FL

Zip

33180

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0850371

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAPATA, CAMILO

7370 NW 36TH ST, STE 325-G

MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

PORTILLA, MAURO

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

20441 NE 30 AVE NO 316

City

AVENTURA

FL

Zip Code 33180

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, 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May 1
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZAPATA, CAMILO	
STREET ADDRESS	2539 W 65TH ST	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PORTILLA, MAURO	
STREET ADDRESS	20441 NE 30TH AVE, #316	
CITY-ST-ZIP	AVENTURA FL 33180	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/20/2000

305-935-59