

# 2001 UNIFORM BUSINESS REPORT (UBR)

FORM 10

**DOCUMENT # P99000006568**

1. Entity Name  
**AIRBRAS PARTS & SERVICES CORPORATION**

**FILED**

**01 SEP 28 PM 3:45**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**3345 SAND LAKE ROAD  
206  
ORLANDO FL 32819**

Mailing Address

**3345 SAND LAKE ROAD  
206  
ORLANDO FL 32819**



2. Principal Place of Business

**7041 GRAND NATIONAL DR  
Suite, Apt. #, etc.  
STE 128 J**

3. Mailing Address

**7041 GRAND NATIONAL DR  
Suite, Apt. #, etc.  
STE 128 J**

DO NOT WRITE IN THIS SPACE

City & State  
**ORLANDO - FL**

City & State  
**ORLANDO - FL**

4. FEI Number  
**59-3551039**

Applied For  
Not Applicable

Zip  
**32819**

Country  
**USA**

Zip  
**32819**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TORO, RUBEN D  
7345 SAND LAKE RD., STE. 202  
ORLANDO FL 32819**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FERREIRA, AECRO M 131 CELEBRATION BLVD CELEBRATION FL 34747</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD LESSER, JOSE 131 CELEBRATION BLVD CELEBRATION FL 34747</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS PREZOTTO, MARIA 6332 RALEIGH STREET APT 504 ORLANDO FL 32835</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800004625698-0 -10/08/01--01003--001 ****558.75 ****558.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/31/01 (407) 945-2960**  
Date Daytime Phone #

CR2E034 (5/01)