

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000023238

1. Entity Name

AMERICAN AVIONICS SYSTEMS, INC.

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90075 003 ***150.00

Principal Place of Business

5399 NW 36TH STREET
MIAMI FL 33166

Mailing Address

5399 NW 36TH STREET
MIAMI FL 33166-5924

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1625237

Applied For.

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, ELIZABETH
5399 NW 36TH ST
MIAMI SPRINGS FL 33166

Name

RAUL MIRO JR

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

5399 NW 36TH

City

MIAMI SPRING

FL

Zip Code

33166

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

RAUL MIRO JR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-2000

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 Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LOPEZ, ELIZABETH
STREET ADDRESS 5399 NW 36TH ST
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☒ Delete

TITLE PRESIDENT
NAME RAUL MIRO JR
STREET ADDRESS 5399 NW 36TH
CITY-ST-ZIP MIAMI SPRING FL 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-2000 305-463-7114

CR2E034 (9/99)