2001 UNIFORM BUSINESS REPORT (UBR)

AMENDMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 16 AM 10: 03

DOCUMENT # P95000060228

1. Entity Name
AERO PARTS SUPPORT U.S INC.

Principal Place of Business
8627 NW 68TH ST
MIAMI FL 33166
US

Mailing Address
9000 W. Flagler St.
Block 1, Unit 5
Miami, FL 33174

DO NOT WRITE IN THIS SPACE

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 65-0584790 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAPENA, HECTOR
8627 NW 68TH ST
MIAMI FL 33166

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 X [signature] 7/10/01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres./Treas. DAPENA, HECTOR 8627 N.W. 68 St. MIAMI FL 33166 ☐ Delete	☐ Change ☐ Addition 000004494080--7 -07/24/01--01089--013 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P./Sec. GRANDE, MODESTO 8627 N.W. 68 St. Miami, FL 33166 ☐ Delete	☐ Change ☐ Addition
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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: X [signature] 7/10/01 305-597-8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #