

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90144 037 ***163.75

DOCUMENT # P01000063125

1. Entity Name
ARC AVIONICS CORP.



Principal Place of Business
**5595 NW 36 STREET
MIAMI SPRINGS FL 33166**

Mailing Address
**5595 NW 36 STREET
MIAMI SPRINGS FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1119199**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BARQUERO, LINDELENA
5595 NW 36 STREET
MIAMI SPRINGS FL 33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPD** ☐ Delete
NAME **BARQUERO, LINDELENA**
STREET ADDRESS **888 BRICKELL KEY DRIVE, #607**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VPD** ☒ Change ☐ Addition
NAME **BARQUERO, LINDELENA**
STREET ADDRESS **888 BRICKELL KEY DRIVE #1207**
CITY-ST-ZIP **MIAMI, FLA. 33131**

TITLE **PD** ☐ Delete
NAME **GIL, RENE**
STREET ADDRESS **7300 SW 4 STREET**
CITY-ST-ZIP **MIAMI FL 33144**

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

TITLE **VPD** ☐ Delete
NAME **PONTOJA, ADAN**
STREET ADDRESS **969 NW 126 PATH**
CITY-ST-ZIP **MIAMI FL 33182**

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

TITLE **SD** ☐ Delete
NAME **FANDINO, JOSE**
STREET ADDRESS **7941 SW 152 AVENUE**
CITY-ST-ZIP **MIAMI FL 33193**

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

TITLE **VPD** ☐ Delete
NAME **RAMOS, HERNAN**
STREET ADDRESS **15021 SW 145 CT.**
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOSE FANDINO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/10/03** Daytime Phone #

CR2E034 (10/02)