

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90226 001 ***150.00

DOCUMENT # H95313

1. Entity Name
AEROSPACE ACCESSORY SERVICES, INC.



Principal Place of Business
**8181 NW 67TH STREET
MIAMI FL 33166**

Mailing Address
**8181 NW 67TH STREET
MIAMI FL 33166
US**

2. Principal Place of Business
SAME
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0918718**

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

**ARJONA, JUAN O
12410 SW 184TH STREET
MIAMI FL 33177**

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

SIGNATURE

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

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHAPPELLI, ARMANDO C JR	
STREET ADDRESS	6707 DEMOCRACY BLVD, STE 1010	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	M	<input type="checkbox"/> Delete
NAME	ARJONA, JUAN O	
STREET ADDRESS	8181 NW 67TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, JOHN A	
STREET ADDRESS	6707 DEMOCRACY BLVD, STE 1010	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ABISEID, ROBERT C	
STREET ADDRESS	8181 NW 67TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPPELLI, ARMANDO, C. JR.	
STREET ADDRESS	8181 NW 67th Street	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN A. MARTIN	
STREET ADDRESS	4915 AUBURN AVE Suite 301	
CITY-ST-ZIP	BETHESDA, MD 20814	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JOHN A. MARTIN
TREASURER

Date

Daytime Phone #

1/22/03 (301) 664-5897

CR2E034 (10/02)