

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 361419**

1. Entity Name..

AERODYNE INVESTMENT CASTINGS, INC.

Principal Place of Business

**3930 NW 26 ST
MIAMI FL 33142**

Mailing Address

**3977 NW 25 ST.
MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

3930 NW 26 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FLA4. FEI Number **59-1292733**

Applied For

Not Applicable

Zip

Country

Zip

Country

33142**DADE**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

**JANNEY, DAVID F
930 SAN PEDRO
CORAL GABLES FL 33156**

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

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	JANNEY, DAVID J	930 SAN PEDRO							
		MIAMI FL								
	S	JANNEY, FREDA E	930 SAN PEDRO							
		CORAL GABLES FL								
	CD	CRONIN, MEDARD	2911 W. LOMITA BLVD.							
		TORRANCE CA								

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: **David F. Janney** **DAVID F. JANNEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/01

Daytime Phone #

305-871-5210