

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701571

1. Entity Name

CHAPTER 37, EXPERIMENTAL AIRCRAFT ASSOCIATION, I

Principal Place of Business

C/O VIRGIL N. SALISBURY
5445 SW 89 PLACE
MIAMI FL 33165

Mailing Address

C/O VIRGIL N. SALISBURY
5445 SW 89 PLACE
MIAMI FL 33165-6624

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

73-6504737

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

SALISBURY, VIRGIL N
5445 SW 89 PLACE
MIAMI FL 33165

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPERONI, DONALD	
STREET ADDRESS	1361 NE 103RD ST	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDONALD, JOHN	
STREET ADDRESS	1350 NE 153 STREET	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTILLA, RISTO	
STREET ADDRESS	1040 NE 104TH ST	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARRER, MARY	
STREET ADDRESS	5701 NW 111TH ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, JAMES H	
STREET ADDRESS	7930 BISCAYNE PT CIRCLE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANTANA, ERNESTO	
STREET ADDRESS	11045 SW 42ND TR	
CITY-ST-ZIP	MIAMI FL 33165	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angie Riccio	
STREET ADDRESS	10175 NW 130th St	
CITY-ST-ZIP	Hialeah Gardens FL 33018	
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		
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 617, 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:

Mary Barrer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2.17.00

Daytime Phone #

305 262 1501

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90063 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)