

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 13, 2000 8:00 am  
Secretary of State

05-13-2000 90047 048 \*\*\*150.00

DOCUMENT # F96000003968

1. Entity Name

AVIATION SALES BEARINGS COMPANY

Principal Place of Business

Mailing Address

ATLANTA S PARKWAY  
100. P O BOX 45210  
GA 30320

6905 NW 25TH ST  
MIAMI FL 33122-1805  
US

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

65-0684071

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

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, 2000 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
CV	BAKER, DALE S	6905 NW 25TH ST.	MIAMI FL	<input type="checkbox"/>
V	WOODY, HAROLD M	6905 NW 25TH ST.	MIAMI FL	<input type="checkbox"/>
V	SASO, MICHAEL-A	6905 NW 25TH ST.	MIAMI FL 33122	<input type="checkbox"/>
VSTD	CIVILETTO, JOSEPH E	6905 NW 25TH ST.	MIAMI FL	<input checked="" type="checkbox"/>
PD	INNELLA, JAMES D	6905 NW 25TH ST.	MIAMI FL	<input checked="" type="checkbox"/>
S	JACOBS, DENISE	6905 NW 25TH ST.	MIAMI FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3701 FLAMINGO ROAD	MIRAMAR, FL 33027	<input checked="" type="checkbox"/>
		3701 FLAMINGO ROAD	MIRAMAR, FL 33027	<input checked="" type="checkbox"/>
		3701 FLAMINGO ROAD	MIRAMAR, FL 33027	<input checked="" type="checkbox"/>
APD	MICHAEL BRANT	3701 FLAMINGO ROAD	MIRAMAR, FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S	PHILIP B. SCHWARTZ	ONE SE 3RD AVE 28TH FLOOR	MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/00

Date

954-530 6504

Daytime Phone #

CR2E034 (9/99)