

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 28, 2001 8:00 am
Secretary of State**

03-28-2001 90229 042 ***158.75

DOCUMENT # F98000001853

1. Entity Name

B/E AEROSPACE SERVICES, INC.

Principal Place of Business

**1400 CORPORATE CIRCLE
WELLINGTON FL 33414
US**

Mailing Address

**1400 CORPORATE CENTER WAY
WELLINGTON FL 33414
US**

2. Principal Place of Business

1400 Corporate Center Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324****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, 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**TITLE **C** ☐ Delete
NAME **KHOURY, ROBERT J**
STREET ADDRESS **1400 CORPORATE CENTER WAY**
CITY-ST-ZIP **WELLINGTON FL 33414**TITLE **P** ☐ Delete
NAME **SMITH, SCOTT A**
STREET ADDRESS **230 W BLUERIDGE AVE**
CITY-ST-ZIP **ORANGE CA 92865**TITLE **V** ☐ Delete
NAME **MCCAFFREY, THOMAS P**
STREET ADDRESS **1400 CORPORATE CENTER WAY**
CITY-ST-ZIP **WELLINGTON FL 33414**TITLE **S** ☐ Delete
NAME **MORIARTY, EDMUND J**
STREET ADDRESS **1400 CORPORATE CENTER WAY**
CITY-ST-ZIP **WELLINGTON FL 33414**TITLE **T** ☐ Delete
NAME **HOLTZMAN, JEFFREY P**
STREET ADDRESS **1400 CORPORATE CENTER WAY**
CITY-ST-ZIP **WELLINGTON FL 33414**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **Assistant Secretary**
STREET ADDRESS **William A. Miller**
CITY-ST-ZIP **1400 Corporate Center Way
Wellington, FL 33414**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Miller**2/14/01**

Date

561-791-5000

Daytime Phone #

0090129

CR2E034 (10/00)