

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000005503**1. Entity Name
AEROTHRUST CORPORATION**Principal Place of Business**

5300 N.W. 36TH STREET

MIAMI
33122

FL

Mailing Address

ATTN: CHARLES A MORSBACH

PO BOX 522236

MIAMI
33152

FL

2. Principal Place of Business

5300 NW 36TH ST

3. Mailing Address

Suite, Apt. #, etc.

MIA BLDG 60A

Suite, Apt. #, etc.

City & State

MIAMI

FL

City & State

Zip

33122

Country

Zip

Country

4. FEI Number**65-0848010**

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**MORSBACH CHARLES A**
5300 NW 36TH STMIAMI
33122

FL

7. Name and Address of New Registered Agent

Name

MORSBACH CHARLES A

Street Address (P.O. Box Number is Not Acceptable)

5300 NW 36TH ST

MIA BLDG 60A

City

MIAMI

FL

Zip Code
33122

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)

02/07/2001

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	V	<input type="checkbox"/> Delete
NAME	SHIR MICHAEL	
STREET ADDRESS	5300 N.W. 36TH ST	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAX SAMUEL D	
STREET ADDRESS	5300 N.W. 36TH ST	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	DC	<input type="checkbox"/> Delete
NAME	PERSSON CHRISTER	
STREET ADDRESS	1800 DIAGONAL RD STE 230	
CITY-ST-ZIP	ALEXANDRIA VA 22314	
TITLE	V	<input type="checkbox"/> Delete
NAME	KALHIL FARYT	
STREET ADDRESS	5300 N.W. 36TH ST	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MORSBACH CHARLES A	
STREET ADDRESS	5300 N.W. 36TH ST	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCMILLEN JAMES E	
STREET ADDRESS	5300 N.W. 36TH ST	
CITY-ST-ZIP	MIAMI FL 33122	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIR MICHAEL	
STREET ADDRESS	5300 NW 36TH ST	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAX SAMUEL D	
STREET ADDRESS	5300 NW 36TH ST	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALHIL FARYT	
STREET ADDRESS	5300 NW 36TH ST	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSBACH CHARLES A	
STREET ADDRESS	5300 NW 36TH ST	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLEN JAMES E	
STREET ADDRESS	5300 NW 36TH ST	
CITY-ST-ZIP	MIAMI FL 33122	

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: CHARLES A MORSBACH

VS

02/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

RING, LEON E D
2202 CRYSTAL SPRING LN

HERMITAGE TN 37076

LOWE, JR, JOHN W V
5300 NW 36TH ST

MIAMI FL 33122

JOHNSON, THOMAS A V
5300 NW 36TH ST

MIAMI FL 33122

HERNANDEZ, MARIA E V
5300 NW 36TH ST

MIAMI FL 33122

COULSON, ANTHONY E V
5300 NW 36TH ST

MIAMI FL 33122