

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005860

1. Entity Name

MCKECHNIE AEROSPACE USA, INC.

Principal Place of Business

Mailing Address

8855 NW 35TH LANE
MIAMI FL 33172

2201 REGENCY ROAD, STE 701
LEXINGTON KY 40503-2343

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

65-0868942

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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	P	<input type="checkbox"/> Delete
NAME	ELKAYAM, RAPHAEL	
STREET ADDRESS	8855 NW 35TH LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	GRABEN, BRUCE	
STREET ADDRESS	2201 REGENCY ROAD, STE 701	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRUMMETT, STEPHEN	
STREET ADDRESS	LEIGHWOOD ROAD, WALSALL	
CITY-ST-ZIP	WEST MIDLANDS, UNITED KINGDO	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANROTTY, DERRY	
STREET ADDRESS	LEIGHWOOD ROAD, WALSALL	
CITY-ST-ZIP	WEST MIDLANDS, UNITED KINGDO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Bruce Graben
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/00

606-276-5819

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90319 019 ***150.00