

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90072 001 \*\*\*150.00

**DOCUMENT # G06287**

1. Entity Name

**AERO MANAGEMENT, INC.**

Principal Place of Business

**3495 SW 9 AVE  
 FORT LAUDERDALE FL 33315**

Mailing Address

**P O BOX 14790  
 FORT LAUDERDALE FL 33302**

2. Principal Place of Business

3. Mailing Address

**3495 SW 9th Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State  
 Ft. Lauderdale, FL 33315**

4. FEI Number **59-2273654**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EASTHOPE, JOE  
 3495 SW 9 AVE  
 FORT LAUDERDALE FL 33315**

Name **Blanca Garcia**

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

**3495 SW 9th Avenue**

City

**Ft. Lauderdale**

**FL**

Zip Code **33315**

8. The above named entity is this state for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Blanca Garcia*

**Blanca Garcia**

**2-12-01**

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its filing requirements 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Delete  
 NAME **WALKER, ROBERT D**  
 STREET ADDRESS **3495 SW 9 AVE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D P** ☒ Change ☐ Addition  
 NAME **Andres Finola**  
 STREET ADDRESS **3495 SW 9th Avenue**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

TITLE **VPS** ☒ Delete  
 NAME **HUME, JOHN**  
 STREET ADDRESS **3495 SW 9 AVE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VP S** ☒ Change ☒ Addition  
 NAME **Blanca Garcia**  
 STREET ADDRESS **3495 SW 9th Avenue**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Asst S** ☐ Change ☒ Addition  
 NAME **Jennifer Shaw**  
 STREET ADDRESS **1401 University Drive #301**  
 CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Andres Finola*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Andres Finol, President/Director** **84359-8067**

Date

Daytime Phone #

0503521

CR2E034 (10/00)