Daytime Phone

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ames

## **FILED** Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # H41613** PENINSULA AVIONICS, INC. 01-29-2001 90147 039 \*\*\*158.75 Principal Place of Business Mailing Address 14229 SW 127TH ST 14229 SW 127TH ST MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 59-2496566 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name F. Prince ames MERCER, CARL A. Street Address (P.O. Box Number is Not Acceptable) 981 SW 66TH AVENUE NORTH LAUDERDALE FL 33068 14229 SW 127 th Street Zip Code FL lami 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. 11/01 SIGNATURE NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Change Delete TITLE MERCER, CARL NAME NAME James F. Prince 981 S.W. 66 AVE. 14229 SLO 127# Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP MIZMI FL 33186 **Ell** Addition TITLE Delete 🗸 TITLE ☐ Change Carl Edward Regres III MERCER, DOLORES NAME NAME 14229 SW 1274 Street 981 SW 66THA VE STREET ADDRESS STREET ADDRESS Mizmi FL 33186 CITY-ST-ZIP FT LADUERDAEL FL CITY-ST-ZIP ddition TITLE TITLE ☐ Change ☐ Delete Joel Valle 🗊 NAME NAME 14229 SW 1244 Street STREET ADDRESS STREET ADDRESS Miami FL 33186 CITY-ST-ZIP CITY-ST-ZIP TITLE \_\_\_ Change ☐ Delete Jilfrado Valle NAME NAME 14229 SW 127th Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12mi FL 33186 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change . Addition NAME NAME STREET ADDRESS 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.