2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90150 039 ***150.00

DOCUMENT # H41613

1. Entity Name
PENINSULA AVIONICS, INC.

Principal Place of Business	Mailing Address
14229 SW 127TH ST MIAMI FL 33186	14229 SW 127TH ST MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

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 59-2496566 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~PRINCE, JAMES F~~
~~14229 SW 127 ST~~
~~MIAMI FL 33186~~

7. Name and Address of New Registered Agent

Name: Stuart Goldstein
Street Address (P.O. Box Number is Not Acceptable): 9350 So. Dixie Highway, 10th Floor
Miami, FL 33156
City: Miami, FL Zip Code: 33156

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: Stuart Goldstein (Signature, name and title if applicable.) Stuart Goldstein (NOTE: Registered Agent signature required when reinstating) DATE: 03.15.02

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PRINCE, JAMES F 14229 SW 127 ST MIAMI FL 33186	☐ Delete	DS Nikolce Popovski 14229 SW 127 St Miami FL 33186	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS REAVES, CARL E III 14229 SW 127 ST MIAMI FL 33186	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALLE, JOEL 14229 SW 127 ST MIAMI FL 33186	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALLE, WILFREDO 14229 SW 127 ST MIAMI FL 33186	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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: James F Prince REQUIRED — 3/8/02 — 305-238-6550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #