

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90030 046 ***158.75

DOCUMENT # L26201

1. Entity Name

AERO PRECISION REPAIR & OVERHAUL COMPANY, INC.

Principal Place of Business

Mailing Address

**580 SOUTH MILITARY TRAIL
 DEERFIELD BEACH FL 33442**

**580 SOUTH MILITARY TRAIL
 DEERFIELD BEACH FL 33442-3011**

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 **65-0160974**

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

**AMANTIA, WILLIAM P
 APRO
 580 S. MILITARY TRAIL
 DEERFIELD BEACH FL 33442**

Name

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

City

FL | Zip Code

7. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> Delete
NAME	YOUNG, J. MORGAN	
STREET ADDRESS	200 RISER RD	
CITY-ST-ZIP	LITTLE FERRY NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	GINOCCHIO, PETER L	
STREET ADDRESS	200 RISER RD	
CITY-ST-ZIP	LITTLE FERRY NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	DASSAULT, LAURENT	
STREET ADDRESS	9, ROND-POINT DES CHAMPS-ELYSEES MD	
CITY-ST-ZIP	PARIS FR	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROCHARD, PASCAL	
STREET ADDRESS	Z AERONAUTIQUE L BREGUET	
CITY-ST-ZIP	VELIZY, FRANCE	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOSSET, BENOIT	
STREET ADDRESS	Z AERONAUTIQUE L BREGUET	
CITY-ST-ZIP	VELIZY FR	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEGLERE, YVES	
STREET ADDRESS	Z AERONAUTIQUE L BREGUET	
CITY-ST-ZIP	VELIZY, FRANCE	

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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGERAND, JEAN-LUC	
STREET ADDRESS	Z AERONAUTIQUE L BREGUET	
CITY-ST-ZIP	VELIZY FR	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRUESNE, FRANCOIS	
STREET ADDRESS	Z AERONAUTIQUE L BREGUET	
CITY-ST-ZIP	VELIZY FR	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *William P. Amantia* **W.P. (WILLIAM P. AMANTIA)** **1-19-00 (954) 428-9500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #