

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90320 005 \*\*\*150.00

**DOCUMENT # L34424**

1. Entity Name  
**FIRST AERO SALES CORPORATION**

**FIRST AERO SALES CORP.**  
 1621 S. Perimeter Road  
 Hanger 35-B  
 Ft. Lauderdale, FL 33309

Principal Place of Business Mailing Address  
 % RICHARD A. ASPER % RICHARD A. ASPER  
 1575 N W COMMERCIAL BLVD HANGER 35B 1575 N W COMMERCIAL BLVD HANGER 35B  
 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309

**MIGUEL CANDIA MIGUEL CANDIA**


2. Principal Place of Business 3. Mailing Address  
**1621 S. PERIMETER RD. 1621 S. PERIMETER RD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**HANGER 35-B HANGER 35-B**

City & State City & State  
**FT. LAUDERDALE FT. LAUDERDALE**

Zip Country Zip Country  
**33309 BROWARD 33309 BROWARD**

00001000



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0165232** 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

**ASPER, RICHARD A.**  
 1575 N W COMMERCIAL BLVD  
 HANGER 35B  
 FT LAUDERDALE FL FL 33309

Name **MIGUEL CANDIA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1621 S. PERIMETER RD.**  
**HANGER 35-B**  
 City **FT. LAUDERDALE FL** Zip Code **33309**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: MIGUEL CANDIA DATE: MARCH 1, 01 DAYTIME PHONE #: 954-776 2666

CR2E034 (10/00)