

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90001 015 ***150.00

DOCUMENT # L57576

1. Entity Name
AEROPARTS, USA, INC.

Principal Place of Business 210 N. UNIVERSITY DR. STE 502 CORAL SPRINGS FL 33077-1210	Mailing Address 210 N. UNIVERSITY DR. STE 502 CORAL SPRINGS FL 33071-7392 US
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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 **65-0179733**

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

HERNANDEZ, DAVID S
210 UNIVERSITY DRIVE
STE 502
CORAL SPRINGS FL 33071

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (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	TITLE V.P. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OTT, PAUL E.		NAME	
STREET ADDRESS 210 N. UNIVERSITY DR., STE 502		STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 33071		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALBERT E. OTT III		NAME	
STREET ADDRESS 210 N. UNIVERSITY DR., STE 502		STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 33071		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEQUEIRA, MARTHA B		NAME	
STREET ADDRESS 210 N. UNIVERSITY DR., STE 502		STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 33071		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	
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: Albert E. Ott III **ALBERT E. OTT III** Date: 1/11/2000 Daytime Phone #: 954-346-7288

CR2E034 (9/99)