

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L88198**

1. Entity Name  
**HEICO EAST CORPORATION**

FILED  
SECRETARY OF STATE  
CORPORATIONS  
01 MAY 23 AM 10:27

Principal Place of Business <b>3000 TAFT STREET HOLLYWOOD FL 33021</b>		Mailing Address <b>3000 TAFT STREET HOLLYWOOD FL 33021</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0271411</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>MENDELSON, VICTOR H. 3000 TAFT STREET SUITE 2100 HOLLYWOOD FL 33021</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DT</b>	NAME <b>IRWIN, THOMAS S</b>	TITLE	NAME <b>P MENDELSON, ERIC</b>
STREET ADDRESS <b>3000 TAFT ST</b>	CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>	STREET ADDRESS <b>3000 TAFT ST</b>	CITY-ST-ZIP <b>HOLLYWOOD, FL 33021</b>
TITLE	NAME	TITLE	NAME <b>S MENDELSON, VICTOR</b>
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS <b>3000 TAFT ST</b>	CITY-ST-ZIP <b>HOLLYWOOD, FL 33021</b>
TITLE	NAME	TITLE	NAME <b>AS LETENAR, ELIZABETH</b>
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS <b>3000 TAFT ST</b>	CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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**-05/24/01--01015--015**  
**\*\*\*4058.75 \*\*\*150.00**

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: Thomas S. Irwin **Thomas S. Irwin** 4/30/01 954-744-7560  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #