## 2002 Uniform Business Report (UBR)

## Mar 26, 2002 8:00 am Secretary of State DOCUMENT # L99930 1. Entity Name 03-26-2002 90002 034 \*\*\*150.00 AERO SUPPLY & CONSULTING CORP. Principal Place of Business Mailing Address 11701 NW 102ND RD 11701 NW 102ND RD 10 MEDLEY FL 33178 MEDLEY FL 33178 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0224040 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AVCHEN, BARNEY B. Street Address (P.O. Box Number is Not Acceptable) 226 PALM SPRINGS CENTER 1840 WEST 49TH ST. HIALEHA FL 33012 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Addition LANDERS, KATHERINE NAME NAME 12830 SW 34TH PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE FL 33330** CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME LANDERS, MICHAEL NAME STREET ADDRESS 12830 SW 34TH PLACE STREET ADDRESS CITY-ST-ZIP DAVIE FL 33330 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED