## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** M63172 1. Entity Name AEROSPEC OF FLORIDA

Rex J (Backaran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** May 16, 2002 8:00 am Secretary of State

305-232-3310

Daytime Phone #

05-16-2002 90048 024 \*\*\*150.00

2 Principal		©T'WRITE						
2. Principal Place of Business 12.11 Θ S. ω. 171 TERK.			3. Mailing Address 12110 S. W . 171 TEKCACE					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE .		
City & State MIAMI FLA.		City & State MIAM /	State AIAMI FLA.		4: FEL Number 65 - 01447	7 /	Applied For	
Zip 3 3	3177	Country USA	Zip 33 177	Coun	1708A	5. Certificate of Status Desired		Not Applicable 8.75 Additional
<b>1</b>		100	and the second second	r		7. Name and Address of Current		ee Required
		o'Nativ			Name Rev	. J. BAUGARA		- San 1
				Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SP			AGE		12110 5.W. 171 TERGA			4 CE
9 The about	are a series				City MIA	mı	FL	3930de 7 .
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 Lex J. Soulcaren Rex T. Backara.  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						when reinstating)	DATE	
Tax filing:	oracor is eligibi requirement ani ria on back)	d elects to do so,	in the state of th		11/24	10. Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees
11,		OFFICERS AND DI						CSSS Companies as seems my
TITLE NAME	PRESID	ENT		arrite		NAME OF TAXABLE PARTY.	en e	and the second second
STREET ADDRESS	KEX	BALKAKAN 8.W. 171	TERR	NAME	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		19 (1) (1) (1)	
CiTY-ST-ZIP	min	mi FLA.	33.77.	STREE				
TITLE	MANAG			TITLE	AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PERSON OF T			100
NAME	LYNET	TE BALKAN	يمهن	NAME				
STREET ADDRESS CITY-ST-ZIP		5.2. 171 1	EK.	2000 CSA:	ADDRESS			
TITLE	mian	ne FLA.	33177.	City	CALADRA SECTION			
NAME				MAME			£	100 Mg/
STREET ADDRESS					ADDRESS 1			
CITY-ST-ZIP				CTV S	TO THE	DO NOT V	VRIT	
TITLE	.—.			ince				
NAME STREET ADDRESS				VAX		IN THIS S	Pag	
CITY-ST-ZIP				344	ADDRESS:			1.7
TITLE	····			CITY: ST	ZII)			207
NAME				ATTITUE AT				7.270
STREET ADDRESS			i	NAME	DORESS SAME			
CITY-ST-ZIP				CITY ST	7.0		respondent	
TITLE								
NAME CTREET LOOPERS				NAME		A CONTRACTOR OF THE STATE OF TH	ar Artis	
STREET ADDRESS CITY-ST-ZIP				STREET	DORESS : see . See Co.		an naking Albertan	
13. I hereby ce	ertify that the info in this report or oration or the re with an addres	ormation supplied with this supplemental report is true acceiver or trustee empowers, with all other like empowers.	filing does not qualify for the and accurate and that my red to execute this report a	city st e exemp signature s require	tion stated in Sectio	n 119.07(3)(I), Florida Statutes, I fun e legal effect as if made under oath Florida Statutes; and that my name	ther certify the that I am an appears in I	nat the information 1 officer or director Block 11 or on an

J. BALKARAN