

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

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

05-16-2002 90048 024 ***150.00

DOCUMENT #

MO3172 ✓

1. Entity Name

AEROSPEC OF FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12110 S.W. 171 TERR.

Suite, Apt. #, etc.

3. Mailing Address

12110 S.W. 171 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FLA.

City & State

MIAMI FLA.

Zip

33177

Country

USA

Zip

33177

Country

USA

4. FEL Number

65-0144771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

REX J. BALKARAN

Street Address (P.O. Box Number is Not Acceptable)

12110 S.W. 171 TERRACE

City

MIAMI

FL

Zip Code

33177

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

REX J. BALKARAN

REX J. BALKARAN

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT	REX BALKARAN	12110 S.W. 171 TERR.	MIAMI FLA. 33177.
MANAGER I.V.P.	LYNETTE BALKARAN	12110 S.W. 171 TERR.	MIAMI FLA. 33177.

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

REX J. BALKARAN

REX J. BALKARAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-232-3310