

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90039 006 ***150.00

DOCUMENT # M72991

1. Entity Name

AVIONICS MASTERS, INC.

Principal Place of Business

**2500 NW 62ND ST
HANGER 8
FT LAUDERDALE FL 33309
US**

Mailing Address

**% KENNETH BORZAGE
3701 NW 84TH TERR.
CORAL SPRINGS FL 33065-4511**

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

65-0044702

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

**BORZAGE, KENNETH
3701 NW 84TH TERR.
CORAL SPRINGS FL 33065**Name **Maxine Guerrero**Street Address (P.O. Box Number is Not Acceptable)
3701 N.W. 84th TerrCity **Coral Springs****FL**Zip Code **33065**

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

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
|-------|------------------|--------------------|----------------|--|
| DP | BORZAGE, KENNETH | 3701 NW 84TH TERR. | CORAL SPRG. FL | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|--------------------|---------------------|-------------------------|---------------------------------|--|
| | Joseph Guerrero PD | 3701 N.W. 84th Terr | Coral Springs, FL 33065 | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
|-------|---------------|-------------------|----------------|--|
| ST | BORZAGE, ANNE | 3701 NW 8TH TERR. | CORAL SPRG. FL | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|-----------------|----------------------|-------------------------|---------------------------------|--|
| | MAXINE GUERRERO | 3701 N.W. 84th Terr. | Coral Springs, FL 33065 | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
| | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A0030945

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)