

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90049 036 ****61.25

DOCUMENT # N98000007070

1. Entity Name

THE AEROSPACE EDUCATION ALLIANCE, INC.

Principal Place of Business

Mailing Address

1721 NORTHWEST 11TH AVENUE
 HOMESTEAD FL 33030

1721 NORTHWEST 11TH AVENUE
 HOMESTEAD FL 33030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0885203

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

KURLAND, JACQUELINE I
9853 PINES BOULEVARD
PEMBROKE PINES FL 33024

Name

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

City

FL

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **ED BACHMEYER, STEVE A**
 STREET ADDRESS **1721 N.W. 11 AVE.**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DTS BACHMEYER, MARY**
 STREET ADDRESS **1721 N.W. 11 AVE**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ANTOZZI, JERI**
 STREET ADDRESS **509 E. SHORE RD.**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DENICOLE, CORAL L**
 STREET ADDRESS **1059 GOLFSIDE DR.**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MACNAUGHTON, TERI**
 STREET ADDRESS **29421 S.W. 203 AVE.**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GREIN, MARIE**
 STREET ADDRESS **2290 TERRACE DR. N.**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4/15/01 305 245-1122

Date

Daytime Phone #

CR2E037 (10/00)