

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90123 027 ****61.25

DOCUMENT # N98000007070

1. Entity Name

THE AEROSPACE EDUCATION ALLIANCE, INC.

Principal Place of Business

1721 NORTHWEST 11TH AVENUE
HOMESTEAD FL 33030

Mailing Address

1721 NORTHWEST 11TH AVENUE
HOMESTEAD FL 33030

80136674

2. Principal Place of Business

34845 SW 187CT

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 343651

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FLORIDA CITY FL

City & State
FLORIDA CITY FL

4. FEI Number
65-0885203

Applied For
Not Applicable

Zip -
33034 Country

Zip -
33034 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KURLAND, JACQUELINE I
9853 PINES BOULEVARD
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

After September 13, 2002,
min. will be \$236.25.

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

TITLE	ED	<input type="checkbox"/> Delete
NAME	BACHMEYER, STEVE A	
STREET ADDRESS	1721 N.W. 11 AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	BACHMEYER, MARY	
STREET ADDRESS	1721 N.W. 11 AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTOZZI, JERI	
STREET ADDRESS	509 E. SHORE RD.	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENICOLE, CORAL L	
STREET ADDRESS	1059 GOLFSIDE DR.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACNAUGHTON, TERI	
STREET ADDRESS	29421 S.W. 203 AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREIN, MARIE	
STREET ADDRESS	2290 TERRACE DR. N.	
CITY-ST-ZIP	CLEARWATER FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	34845 SW 187CT
CITY-ST-ZIP	FLORIDA CITY FL 33034
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	34845 SW 187CT
CITY-ST-ZIP	FLORIDA CITY FL 33034
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]

CR2E037 (4/02)