

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052181

1. Entity Name  
FUTURE AVIATION, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 MAY 23 AM 10:26

Principal Place of Business: C/O HEICO CORPORATION, 300 TAFT STREET, HOLLYWOOD FL 33021  
Mailing Address: C/O HEICO CORPORATION, 3000 TAFT STREET, HOLLYWOOD FL 33021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1224 INDUSTRIAL BLVD., Suite, Apt. #, etc.  
3. Mailing Address: 1224 INDUSTRIAL BLVD, Suite, Apt. #, etc.

City & State: NAPLES FL  
Zip: 34104  
Country: Country

4. FEI Number: 65-1011336  
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
MENDELSON, VICTOR H ESQ  
825 BRICKELL BAY DRIVE SUITE 1644  
MIAMI FL 33131

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.

SIGNATURE: \_\_\_\_\_ (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, 2001 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	
TITLE: D NAME: IRWIN, THOMAS S STREET ADDRESS: 3000 TAFT STREET CITY-ST-ZIP: HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D/T NAME: IRWIN, THOMAS S STREET ADDRESS: 3000 TAFT ST CITY-ST-ZIP: HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: EDDY, CHARLES STREET ADDRESS: 1224 INDUSTRIAL BLVD. CITY-ST-ZIP: NAPLES FL 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: LETENEB, ELIZABETH R. STREET ADDRESS: 3000 TAFT ST CITY-ST-ZIP: HOLLYWOOD FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: AS NAME: VETTER, JUDITH W STREET ADDRESS: 3000 TAFT ST CITY-ST-ZIP: HOLLYWOOD FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

100004314571-2  
-05/24/01 --01015--015  
\*\*\*4058.75 \*\*\*150.00

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: Thomas S. Irwin 4/30/01 954-744-7560  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #