

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91288 040 \*\*\*150.00

**A0067761**

**DOCUMENT #** P00000058546

**1. Entity Name** AeroPro International Corporation

N/C  
 FLO  
 2/21/01 AM

**Principal Place of Business**

**Mailing Address**

**2. Principal Place of Business**

**3. Mailing Address**

8895 North Military Trail  
 Suite, Apt. #, etc.

8895 North Military Trail  
 Suite, Apt. #, etc.

Suite E-300

Suite E-300

**City & State**

**City & State**

Palm Beach Gardens, FL

Palm Beach Gardens, FL

**4. FEI Number**

☒ Applied For  
☐ Not Applicable

DO NOT WRITE IN THIS SPACE

**Zip**  
 33410

**Country**  
 U.S.A.

**Zip**  
 33410

**Country**  
 U.S.A.

**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**

David M. Bovi, P.A.  
 319 Clematis Street  
 Suite 812  
 West Palm Beach, Florida 33401

**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**

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** P **NAME** David M. Bovi **Delete**  
**STREET ADDRESS** 8895 North Military Trail  
**CITY-ST-ZIP** Suite E-300  
 Palm Beach Gardens, FL 33410

**TITLE** D/C/T **NAME** Joseph M. Ermalovich **Change** ☒ **Addition**  
**STREET ADDRESS** 32060 Fruehauf Avenue  
**CITY-ST-ZIP** Fraser, Michigan 48026

**TITLE** **NAME** **Delete**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** P/S **NAME** Frank A. Fazio **Change** ☒ **Addition**  
**STREET ADDRESS** 1971 Brandywine Road, 9-203  
**CITY-ST-ZIP** West Palm Beach, FL 33409

**TITLE** **NAME** **Delete**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** **NAME** **Delete**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Frank A. Fazio*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank A. Fazio

April 27, 2001 (561) 691-9956

Date

Daytime Phone #

CR2E034 (11/00)