FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State
02-11-2003 90063 020 ***150.00

DOCUMENT # P00000071035

1. Entity Name

NORTH PERRY AEROSPACE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
401 SW 77th Way	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, Fl.	City & State
Zip: 33023 Country: Broward, Fl.	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1061318 ☐ Applied For ☐ Not Applicable

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

USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lois B. Cotton

Street Address (P.O. Box Number is Not Acceptable): 3530 N.E. 23 Ave., #2

City: Lighthouse Point, **FL** Zip Code: 33064

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE Pres. NAME Lois B. Cotton STREET ADDRESS 3530 N.E. 23rd. Ave. CITY-ST-ZIP Lighthouse Point, Fl. 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V.P. NAME Dan Christensen STREET ADDRESS 1031 Pine Branch Drive CITY-ST-ZIP Fort Lauderdale, Fl. 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Treas NAME Lawrence Owen STREET ADDRESS 2210 Laurel Lane CITY-ST-ZIP North Miami, Fl. 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE**
TITLE Secy. NAME Ricardo Salinas STREET ADDRESS 6675 S.W. 104th St. CITY-ST-ZIP Miami, Florida 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP **IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Lois B. Cotton, Pres. 2-8-03 954 942 9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lois B. Cotton

2001 UNIFORM BUSINESS REPORT (UBR)

Attachment # 100

1-12-01

30033517

DOCUMENT # P00000071035

1. Entity Name

NORTH PERRY AEROSPACE, INC.

Principal Place of Business	Mailing Address
7750 W PINES BLVD PEMBROKE PINES FL 33024	3530 NW 23 AVE LIGHTHOUSE POINT FL 33064

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-1061318 ☐ 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
COTTON, LOIS B 3530 NE 23 AVE LIGHTHOUSE POINT FL 33064	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 STREET ADDRESS CITY-ST-ZIP	Lois B. Cotton, Pres. ☐ Delete 3530 NE 23 Ave. #2 Lighthouse Point, FL. 33064	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Steve Walton - Dir. ☐ Change ☐ Addition 10400 N.W. 18th Place Plantation, FL. 33322
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Dan Christensen, V.P. ☐ Delete 1031 Pine Branch Dr. Fort Lauderdale, FL. 33326	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Stuart Hanley - Dir. ☐ Change ☐ Addition 4201 N. Ocean Dr. #403 Hollywood, FL. 33019
TITLE ST NAME STREET ADDRESS CITY-ST-ZIP	Sara Rutland, S.T. ☐ Delete 2065 Ixora Road North Miami, FL. 33181	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Henry Ruzakowski - Dir. ☐ Change ☐ Addition 3940 S.W. 54 Ave. Davie, FL. 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lawrence Owen ☐ Change ☐ Addition 2210 Laurel Lane North Miami, FL. 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (16/00)

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: Lois B. Cotton 1-12-01 954-942-9881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #