

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087734

1. Entity Name

AEROSPACE ENGINEERING GROUP USA, INC.

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90005 039 ***150.00

0186121 AV

Principal Place of Business
1250 N W 57TH AVENUE
MIAMI FL 33126

Mailing Address
1250 N W 57TH AVENUE
MIAMI FL 33126



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 65-1040484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMADOR, ANTONIO L
1250 N W 57TH AVENUE
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

Grace Clemens

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

9978 N.W. 29th Street

City

Miami, FL

FL

Zip Code

33172

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

Grace Clemens, Grace Clemens Controller 2/15/02

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, 2002 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 NAME PD, AGUILERA, NOEL
STREET ADDRESS 1250 N W 57TH AVENUE
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE NAME STD AGUILERA, ELIZABETH
STREET ADDRESS 1250 NW 57TH AVENUE
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-02 (305) 267-7374
Date Daytime Phone #

CR2E034 (9/01)