

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90323 049 ***150.00

DOCUMENT # P00000093732

1. Entity Name

AEROMARINE INTERIOR, INC.



Principal Place of Business

Mailing Address

1270 NW 207 STREET
 MIAMI FL 33169

1270 NW 207 STREET
 MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

190 NE 186 TER.

190 NE 186 TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1270 NW 207 ST.

City & State

City & State

MIAMI

MIAMI

Zip

Country

Zip

Country

33179

USA

33169

USA

4. FEI Number

65-1051135

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

TUCKER, CHRISTOPHER
 1270 NW 207 STREET
 MIAMI FL 33169

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 TUCKER, CHRISTOPHER
 STREET ADDRESS 1270 NW 207 STREET
 CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE V
 NAME LEE, ANTHONY
 STREET ADDRESS 1270 NW 207 STREET
 CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE V
 NAME TUCKER, JOHN
 STREET ADDRESS 1270 NW 207 STREET
 CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE S
 NAME TUCKER, JANNETTE P
 STREET ADDRESS 1270 NW 207 STREET
 CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #

CR2E034 (10/00)