## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P00000093732 **DOCUMENT #**

1. Entity Name

AEROMARINE INTERIOR, INC.



## FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 91174 018 \*\*\*150.00

Principal Place of Business 190 NE 186TH: TERRACE MIAMI FL 33179  Miami: FL* 33179										<b>!!</b>
2. Principal Pla	ace of Busin	ess	3. Maili	3. Mailing Address				_		
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.						☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State						nn-11n 1 1.5n	Applied For Not Applicable
Zip Country			Zip	Zip Cou			intry		Certificate of Status Desired	
6. Name and Address of Current Registered Agent								7. 1	Name and Address of New Registered Agent	
						Name				
TUCKER, CHRISTOPHER 1270 NW 207 STREET						Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33169						City		<del></del>	70.0	ndo
						City			FL Zip Co	ode
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Fil	E-NOW!!	-EEE-IS-\$150:00								
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State										ed to Fees
10.		OFFICERS AND	DIRECTOR	RS	11.		+	AD	L DDITIONS/CHANGES TO OFFICERS AND DIRECTO	PRS IN 11
STREET ADDRESS	1270 NW 2	CHRISTOPHER 07 STREET		Delete		ET ADDRESS			☐ Change	Addition
TITLE \\ NAME   STREET ADDRESS	MIAMI FL 3 V TÜCKER, J 1270 NW 2 MIAMI FL 3	OHN 07 STREET		□ Delete	TITLE NAME STREE				☐ Change	Addition
NAME STREET ADDRESS		ANNETTE P 07 STREET 3169		☐ Delete					□ Change	Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP	·	1		□ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			المجامعة المحامدة	☐ Delete			- اند -		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	rtify that tho	information cumplied with	this filing o	Delete	CITY-	T ADDRESS ST-ZIP	nd in	Section 4	☐ Change	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: