

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State
 04-07-2001 90021 038 ***150.00

0272598

DOCUMENT # P00000099595

1. Entity Name

MGM AEROPARTS, INC.

MGM Air & Oil Industries Inc. new Name

Principal Place of Business

Mailing Address

**1405 MAJESTY TERRACE
 WESTON FL 33327**

**1405 MAJESTY TERRACE
 WESTON FL 33327**

2. Principal Place of Business

1725 Main Street.

3. Mailing Address

1725 Main Street

Suite, Apt. #, etc.

213

Suite, Apt. #, etc.

213

City & State

Weston FL

City & State

Weston FL

Zip

33326

Country

Broward.

Zip

33326.

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1049234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, MIGUEL
 1405 MAJESTY TERRACE
 WESTON FL 33327**

7. Name and Address of New Registered Agent

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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	MARTINEZ, MIGUEL	
STREET ADDRESS	1405 MAJESTY TERRACE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MARTINEZ, GEOVANNA	
STREET ADDRESS	1405 MAJESTY TERRACE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>President (Director)</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1725 Main Street</i>	
STREET ADDRESS	<i>Weston FL 33326.</i>	
CITY-ST-ZIP	<i>213</i>	
TITLE	<i>Vice President</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1725 Main Street</i>	
STREET ADDRESS	<i>Weston FL 33326.</i>	
CITY-ST-ZIP	<i>213</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/2001 (954) 217-1818
 Date Daytime Phone #

CR2E034 (10/00)