

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
 03-05-2001 90325 039 ***158.75

DOCUMENT # P00000101376

1. Entity Name
AERO CAPITAL CORPORATION

Principal Place of Business

11780 US HWY ONE, #300
 N PALM BEACH FL 33408

Mailing Address

11780 US HWY ONE, #300
 N PALM BEACH FL 33408

2. Principal Place of Business

21 DUNBAR Rd.

3. Mailing Address

21 DUNBAR RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

Zip

33418

Country

PALM BEACH

Zip

33418

Country

PALM BEACH

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
21 DUNBAR RD
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

MARTIN MAY

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

21 DUNBAR ROAD

City

PALM BEACH GARDENS FL

33418

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 **MARTIN MAY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/01

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 **D** ☐ Delete
 NAME **MAY, MARTIN III.**
 STREET ADDRESS **21 DUNBAR RD**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **MARTIN MAY** **2/21/01** **561-6223636**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)