FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101376

1. Entity Name

AERO CAPITAL CORPORATION

90088722

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address
21 DUNBAR ROAD	21 DUNBAR ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	**4.** FEI Number	Applied For
PALM BEACH GARDENS	PALM BEACH GARDENS	65-1093192	Not Applicable

Zip 33418	Country Palm Beach	Zip 33418	Country Palm Beach	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

MARTIN MAY

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

21 DUNBAR ROAD

City PALM BEACH GARDENS   FL   Zip Code 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. 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

| January 1 - May 1 Fee is $150.00 |
| After May 1, Fee is $550.00 |
| Amended UBR is $61.25 |
| Make Check Payable to Florida Department of State |

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE
NAME	MARTIN MAY	NAME
STREET ADDRESS	21 DUNBAR ROAD	STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS,FL. 33418	CITY-ST-ZIP
TITLE	SECRETARY	TITLE
NAME	HELEN K. MAY	NAME
STREET ADDRESS	21 DUNBAR ROAD	STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33418	CITY-ST-ZIP
TITLE		TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _Martin May_   MARTIN MAY   4/12/03   5616223636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #