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Applied For Not Applicable

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## P01000032613 DOCUMENT # 1. Entity Name AERO-JET AVIATION, INC. Principal Place of Business Mailing Address 700 S FEDERAL HWY SUITE 200-SZG 700 S FEDERAL HWY SUITE 200-SZG **BOCA RATON FL 33432 BOCA RATON FL 33432**

2. Principal Place of Business 4631 NW 31

Suite, Apt. #, etc.

220

3. Mailing Address

220 City & State

4631 NW Suite, Apt. #, etc.

**FILED** Aug 01, 2002 8:00 am Secretary of State

08-01-2002 90162 022 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number X 65-1092323

zip 3333c	99	Broward	33309	Bra	itry DWO.	rd	<b>5.</b> Ce	rtificate of S	tatus Desi	red	□ <b>\$</b>	<b>8.75</b> Ade Require	ditional ed
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent								
	k, steven				Name Street A	.ddress (P	O Box	Number is	Not Accer	ntable)			
700 S FEDERAL HWY SUITE 200-SZG				Street Address (P.O. Box Number is Not Acceptable)									
BOCA RA	TON FL 33	432											
					City						FL	Zip Cod	le
	named entity ions of regist		the purpose of changing its	registere	ed office o	r registere	d agen	t, or both, ir	the State	of Florida	a. Lam fai	miliar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	Registere	d Agent signat	ure required v	vhen reinst	tating)			DATE		
9. This corporation is eligible to satisfy its Intangible  X Tax filing requirement and elects to do so.  (See criteria on back)  FILE NOW!!! FEE  After September 13, 2002  Make Check Payable to D				Fee will b	e \$750.0	0	10. Election Trust F	n Campaig und Contril		ing		0 May Be d to Fees	
11.		OFFICERS AND D	IRECTORS	12.	X		ADDI	TIONS/CHA	ANGES TO	OFFICE	RS AND D	IRECTOR	S IN 11
TITLE NAME			☐ Delete	NAMI	E		GIT	Hay.	nan		_	Change	Addition
STREET ADDRESS CITY-ST-ZIP			-		ET ADDRESS -ST-ZIP	7794 Boc	رَه	Rason	n FL	33	3433		
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CITY-ST-ZIP					-ST-ZIP	San	3	shfor uan	0.0	5E/1 V 1277	R	2 A	907
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								Г	_ Change	Addition
13. I hereby of indicated	ertify that the	e information supplied with the tor supplemental report is to	nis filing does not qualify for the and accurate and that m	the exer	nption stat ure shall h	ed in Sect ave the sa	tion 119 me lega	0.07(3)(i), Fl	orida Statu if made un	tes. I furt der oath	ther certify that I am	that the ir an officer	nformation or director

31 Are

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:

07/31/02

954-730-9300