

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90049 048 ***150.00

DOCUMENT # P01000032974

1. Entity Name
AEROJET AIRCRAFT SALES, INC.



Principal Place of Business
18311 SW 6TH STREET
PEMBROKE PINES FL 33029

Mailing Address
18311 SW 6TH STREET
PEMBROKE PINES FL 33029

2. Principal Place of Business

715 S.E 3RD AVENUE

3. Mailing Address

715 S.E 3RD AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA, FLORIDA

City & State

DANIA, FLORIDA

Zip

33004

Country

USA

Zip

33004

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1090830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORCHIN, DAVID CPA
8211 WEST BROWARD BLVD SUITE 200
PLANTATION FL 33324-2726

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 P ☐ Delete
NAME LARES, ADALBERTO
STREET ADDRESS 18311 SW 6TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE V ☐ Delete
NAME LARES, JOANNE G
STREET ADDRESS 18311 SW 6TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME LARES, ADALBERTO
STREET ADDRESS 715 S-E 3RD AVENUE
CITY-ST-ZIP DANIA, FLORIDA 33004

TITLE ☒ Change ☐ Addition
NAME LARES, JOANNE G
STREET ADDRESS 715 S-E 3RD AVENUE
CITY-ST-ZIP DANIA, FL 33004

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

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

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)