

2002 UNIFORM BUSINESS REPORT (UBR)

0282334 AV

DOCUMENT # P01000075029

1. Entity Name
AEROSERVICE CARGO EXPRESS, INC.

FILED

02 APR -9 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**8418 NW 70 STREET
MIAMI FL 33166**

Mailing Address
**8418 NW 70 STREET
MIAMI FL 33166**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country Zip Country

4. FEI Number
65-1125555

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SUAREZ, MANUEL A
14277 NW 18 COURT
PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent
Name **VELASQUEZ, PEDRO A.**
Street Address (P.O. Box Number is Not Acceptable)
7585 SW 152 AVE.
City **MIAMI** FL Zip Code **33193**

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 DATE **04-08/2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PD	<input checked="" type="checkbox"/> Delete
NAME	SUAREZ, MANUEL A	
STREET ADDRESS	14277 NE 18 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, CARLOS A	
STREET ADDRESS	11540 SW 148 COURT	
CITY-ST-ZIP	MIAMI FL 33196	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VELASQUEZ, PEDRO A.	
STREET ADDRESS	7585 SW 152 AVE	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, DORA L.	
STREET ADDRESS	7585 SW 152 AVE.	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, GUILLERMO L.	
STREET ADDRESS	7585 SW 152 AVE	
CITY-ST-ZIP	MIAMI, FL 33193	
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: DATE **04-08/02** (305) 385-2785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)