

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-18-2003 90081 039 \*\*\*150.00  
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DOCUMENT # P02000059728

1. Entity Name  
FLAP AERO PARTS SALES, CORP



FILED

03 AUG -4 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2700 WEST ATLANTIC BLVD  
SUITE 200-38  
POMPANO BEACH FL 33069

Mailing Address  
2700 WEST ATLANTIC BLVD  
SUITE 200-38  
POMPANO BEACH FL 33069

2. Principal Place of Business

116 LAKE EMERALD DR

Suite, Apt. #, etc.

204

City & State

OAKLAND PARK

Zip

33309

Country

USA

3. Mailing Address

116 LAKE EMERALD DR

Suite, Apt. #, etc.

204

City & State

OAKLAND PARK

Zip

33309

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-053 8831

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AQUILINO, JULIANA

3961 N. FEDERAL HWY

POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

RENATO EMERICK

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

116 LAKE EMERALD DR. #204

City

OAKLAND PARK

FL

Zip Code

33309

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

Renato Emerick

04/14/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
EMERICK, RENATO  
116 LAKE EMERALD DR. #102  
OAKLAND PARK FL 33309

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: X

SIGNATURE REQUIRED

04/14/03

954-562-8114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)