2008

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90021 006 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P)6000103273

1. Entity Name

Aero Survival Unlimited, Inc.

DO NOT WRITE IN THIS SPACE

40035195

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
4281 N.W. 145 St. # 40	Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Opa-Locka, FL 33054	City & State	4. FEI Number ☐ Applied For ☐ Not Applicable
Zip / Country	Zip / Country	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

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.

SIGNATURE _____ DATE

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) ☐	January 1 - May 1 Fee is $150.00 After May 1, Fee is $400.00 Amended UBR is $61.25 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 S	Alen, Sergio R.	TITLE	
NAME	8878 N.W. 187 St.,	NAME	
STREET ADDRESS	Miami, FL 33018	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	VD Campo, Rodolfo	TITLE	
NAME	19651 N.W. 57 Pl.	NAME	
STREET ADDRESS	Miami, FL 33015	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE T	Suarez, Braulio E.	TITLE	
NAME	8341 S.W. 137th Ave.,	NAME	DO NOT WRITE
STREET ADDRESS	Miami, FL 33183	STREET ADDRESS	IN THIS SPACE
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 11 or on an attachment with an asterisk, with all other like empowered.

X _____ 2/13/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AGENT, OR Date

Daytime Phone #