

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90363 036 ***150.00

DOCUMENT #	P93000014658
1. Entity Name	
FLORIDA PRECISION AEROSPACE, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
821 NW557TH PLACE		821 NW 57TH PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT LAUDERDALE FL		City & State FT LAUDERDALE FL	
Zip 33309	Country	Zip 33309	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number		Applied For
	65-0398210		Not Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
		Name	
		ALBERTO DIBELLA	
		Street Address (P.O. Box Number is Not Acceptable)	
		3500 BAYVIEW DRIVE	
		City	Zip Code
		FT. LAUDERDALE FL	33308

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 ALBERTO DIBELLA **3/25/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 \$550.00 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
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11. OFFICERS AND DIRECTORS			
TITLE	DP	TITLE	
NAME	ALBERTO DIBELLA	NAME	
STREET ADDRESS	3500 BAYVIEW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	CITY-ST-ZIP	
TITLE	DST	TITLE	
NAME	JOHN DIBELLA	NAME	
STREET ADDRESS	821 NW 57TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	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	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alberto D. Dibella **ALBERTO DIBELLA** **3/25/02** **954-958-9968**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)