

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 28, 2000 08:00 AM
Secretary of State****DOCUMENT # P93000072440****1. Entity Name**
AERI PAE MD P.A.

Principal Place of Business 1139 NORTH KROME AVE HOMESTEAD FL 33030	Mailing Address 1139 NORTH KROME AVE HOMESTEAD FL 33030
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2. Principal Place of Business 1135 NORTH KROME AVE	3. Mailing Address 1135 NORTH KROME AVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State HOMESTEAD FL	City & State HOMESTEAD FL
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Zip 33030	Country	Zip 33030	Country
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4. FEI Number 65-0477567	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAE AERI
1139 NORTH KROME AVE

HOMESTEAD FL 33030 US

7. Name and Address of New Registered Agent

Name
PAE AERI
Street Address (P.O. Box Number is Not Acceptable)
1135 NORTH KROME AVE

City HOMESTEAD FL Zip Code 33030

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** _____
Signature, typed or printed name of registered agent and title if applicable**01/28/2000**(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)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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	DP	<input type="checkbox"/> Delete
NAME	PAE AERI	
STREET ADDRESS	1139 NORTH KROME AVE	
CITY-ST-ZIP	HOMESTEAD FL 33030	

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	

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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAE AERI	
STREET ADDRESS	1135 NORTH KROME AVE	
CITY-ST-ZIP	HOMESTEAD FL 33030	

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	

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	

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** _____ Aeri Pa**DATE** 01/28/2000