

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023558

1. Entity Name  
AVIATION MART CO.

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90355 013 \*\*\*150.00

Principal Place of Business

7824 NW 57 STREET  
MIAMI FL 33166

Mailing Address

7824 NW 57 STREET  
MIAMI FL 33166

2. Principal Place of Business

7343 NW 56 ST.

Suite, Apt. #, etc.

3. Mailing Address

7343 NW 56 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number 65-0569716

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, RAFAEL E  
7824 NW 57 STREET  
MIAMI FL 33166

Name RAFAEL E. PEREZ

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

7343 NW 56 ST

City MIAMI

FL

Zip Code 33166

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 Rafael E. Perez PRESIDENT 2/05/01

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME PEREZ, RAFAEL E  
STREET ADDRESS 7824 NW 57 STREET  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7343 NW 56 ST  
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01 305-594-9449

Date

Daytime Phone #

CR2E034 (10/00)