

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90024 025 ***150.00

DOCUMENT # P95000052437

1. Entity Name
AEROSPACE & ADVANCED TECHNOLOGIES, INC.

Principal Place of Business 8136 SE PALM HAMMOCK LANE HOBE SOUND FL 33455	Mailing Address 8136 SE PALM HAMMOCK LANE HOBE SOUND FL 33455
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0609938**

Applied For

Not Applicable

Zip Country

Zip Country

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

PECORARO, RALPH
8136 SE PALM HAMMOCK LANE
HOBE SOUND FL 33455

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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)

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	<input type="checkbox"/> Delete
NAME	PECORARO, RALPH	
STREET ADDRESS	8136 SE PALM HAMMOCK LANE	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHEW, DAVID	
STREET ADDRESS	21-04 PEARL TOWER 62 BAY SHORE	
CITY-ST-ZIP	SINGAPORE 16	
TITLE	S	<input type="checkbox"/> Delete
NAME	COOK, CHING CHEN	
STREET ADDRESS	21-04 PEARL TOWER 62 BAYSHORE	
CITY-ST-ZIP	SIGAPORE 16	
TITLE	T	<input type="checkbox"/> Delete
NAME	PECORARO, GERALD	
STREET ADDRESS	8136 SE PALM HAMMOCK LANE	
CITY-ST-ZIP	HOBE SOUND FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
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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: R. Pecoraro **R. PECORARO** 3/20/01 361 781-4835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/00)