## **2003 FOR PROFIT CORPORATION**

P96000086563

## **UNIFORM BUSINESS REPORT (UBR)**

1. Entity Name

DOCUMENT #



VALUE AERO ELECTRONICS, INC.									
Principal Place of Business 14413 SW 113 TERR MIAMI FL 33186 US			Mailing Address 14413 SW 113 TERR MIAMI FL 33186 US						
2. Principal Place of Business			3. Mailing Address					:	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State			City & State			4.	. FEI Number <b>65-0701768</b>		oplied For ot Applicable
Zip			Zip Cour		ntry		5. Certificate of Status Desired See Required Fee Required		
	6. Name	and Address of Curre	ent Registered Agent			7.	Name and Address of New Registered A	(gent	
				Name					
SILVA, JUAN A 14413 SW 113 TERR					Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL									
ý.					City		FL	Zip Cod	e
	named entity tions of regist		t for the purpose of cha	inging its register	red office or regis	tered a	agent, or both, in the State of Florida. I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if applicable.	(NOTE: Register	ed Agent signature requ	ired when	n reinstating) DATE	<u> </u>	<del></del>
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
10.		OFFICERS AN	D DIRECTORS 11.			A	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, JU 14413 SW MIAMI FL	AN A 1113 TERRACE	☐ Oe	lete TITL NAM STR	LE	-		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NAM STR				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	بېغانسىيە دە بود		De	NAM STR			·	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NAA STR				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NAA Str				Change	Addition
TITLE NAME			□ Del	lete TITL	i i			Change	Addition

12. It hereby certify that the information supplied with this filling 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 10 or Block 11 if chapted or on an attachment with an addless, with all other like empowered. changed, or on an attachment with an

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

May 02, 2003 8:00 am § Secretary of State

05-02-2003 90377 011 \*\*\*150.00