

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103077

1. Entity Name

AIRCRAFT REPAIR CONTRACTORS, INC.

Principal Place of Business

4491 NW 36TH ST.
STE. E
MIAMI FL 33182

Mailing Address

4491 NW 36TH ST.
STE. E
MIAMI FL 33166-7226

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0742194

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

BENEDETTI, CARLOS
641 NW 133RD AVENUE
MIAMI FL 33182

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BENEDETTI, CARLOS	
STREET ADDRESS	641 N.W. 133RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELGADO, ALBERTO	
STREET ADDRESS	641 N.W. 133RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMANI, NELSON	
STREET ADDRESS	641 N.W. 133RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33182	
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	Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos Benedetti	
STREET ADDRESS	4491 N.W. 36th St Suite E Miami Springs FL 33166	
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTO DELGADO	
STREET ADDRESS	5270 N.W. 109 Ave. # 2	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	DIRECTOR OF MAINTENANCE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON ROMANI	
STREET ADDRESS	10331 SW 50 TER.	
CITY-ST-ZIP	MIAMI, FL 33165	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)