

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0070071 AN

DOCUMENT # P97000016551

1. Entity Name  
AERO DESIGN, INC.



FILED

03 OCT -9 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5601 NW 15 AVE 1525 NW 56th ST  
FT LAUDERDALE FL 33309  
US

Mailing Address  
5601 NW 15 AVE 1525 NW 56th ST  
FT LAUDERDALE FL 33309  
US



2. Principal Place of Business  
1525 NW 56th ST  
Fort Lauderdale

3. Mailing Address  
1525 NW 56th ST  
Fort Lauderdale

☒ CHECK HERE IF MAKING CHANGES

City & State  
Florida

City & State  
Fort Lauderdale FL

4. FEI Number  
65-0739468

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
ROSILLO, FRANK  
8405 NW 53RD STREET  
# A-205  
MIAMI FL

7. Name and Address of New Registered Agent  
Name  
Brown WILLIAM J. ESQ  
Street Address (P.O. Box Number is Not Acceptable)  
777 BRICKELL AVE SUITE 1114  
City  
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
Signature, typed or printed name of registered agent and year if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUR, RAFAEL		NAME		
STREET ADDRESS	5601 NW 15 AVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33309		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGOWSKI, IZHAK		NAME		
STREET ADDRESS	5601 NW 15 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with an officer empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/03 954-3512003

Date Daytime Phone #

CR2E034 (4/03)