

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016551

1. Entity Name  
AERO DESIGN, INC.



FILED

03 OCT -9 AM 11:47

007001  
AV

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

2. Principal Place of Business 1525 NW 56th ST 3. Mailing Address 1525 NW 56th ST

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Fort Lauderdale

Zip 33309 Country Broward Zip 33309 Country Broward

6. Name and Address of Current Registered Agent

~~ROSILLO, FRANK  
8405 NW 53RD STREET  
# A-205  
MIAMI FL~~

4. FEI Number 65-0739468 Applied For  
Not Applicable

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

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 Zip Code 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 title 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  Delete  
NAME ZUR, RAFAEL  
STREET ADDRESS 5601 NW 15 AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  Delete  
NAME ROGOWSKI, IZHAK  
STREET ADDRESS 5601 NW 15 AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100023662751  
10/09/03--01024--009 \*\*750.00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/03 954-3512003

Date

Daytime Phone #

CF2E034 (4/03)