2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000030455**

THE AEROMAR GROUP, INC.

Principal	FIACE	OI	busines
2002 (16)	PINE	W۵	Y

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

BOCA RATON FL 33433

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

8988 OLD PINE WAY BOCA RATON FL 33433-3153

65-0761747 Not Applicable Country \$8.75 Additional Ζίρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STERN, JUANA ESTER Street Address (P.O. Box Number is Not Acceptable) 8988 OLD PINE WAY BOCA RATON FL 33433 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00-May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE Delete TITLE STERN, JUANA E NAME NAME STREET ADDRESS 8988 OLD PINE WAY STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STRÉET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP. Change ☐ Addition ☐ Delete TITLE CTIFLE IF D mil NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the chapter 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. 4-20,00 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 16, 2000 8:00 am Secretary of State

05-16-2000 90070 030 ***150.00

Applied For

DO NOT WRITE IN THIS SPACE

4. FEI Number