

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91454 036 ***158.75

DOCUMENT # P97000030455

1. Entity Name
THE AEROMAR GROUP, INC.



Principal Place of Business
**8988 OLD PINE WAY
BOCA RATON, FL 33433**

Mailing Address
**8988 OLD PINE WAY
BOCA RATON, FL 33433**

2. Principal Place of Business

3. Mailing Address

PO BOX 272314



Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
BOCA RATON FL

4. FEI Number
65-0761747

Applied For
Not Applicable

Zip

Country

Zip

Country

33427-2314

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

**STERN RAJER, JUANA
8988 OLD PINE WAY
BOCA RATON, FL 33433**

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. 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)

PRESIDENT

4/28/03

DATE

**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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
STERN RAJER, JUANA E
8988 OLD PINE WAY
BOCA RATON, FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
RAJER, CAROLINA
8988 OLD PINE WAY
BOCA RATON, FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/28/03

Daytime Phone #

CR2E034 (10/02)