

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90064 001 ***150.00

DOCUMENT # P97000033148

1. Entity Name

AEROPARTS INTERNATIONAL (UK), INC.

Principal Place of Business

Mailing Address

14521 S.W. 108TH STREET
 MIAMI FL 33186

C/O PEREZ BEHAR & ASSOC. INC.
 14730 NE 10TH AVENUE
 N. MIAMI FL 33161-2454

2. Principal Place of Business

3. Mailing Address

PEREZ BEHAR & ASSOC., P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ BEHAR & ASSOCIATES, INC.
 14730 N.E. 10TH AVENUE
 NORTH MIAMI FL 33161

Name **PEREZ BEHAR & ASSOC., P.A.**

Street Address **13935 NW 1st AVENUE**

MIAMI, FLORIDA 33168

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

Sandra Perez Pres.

4/3/00

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	SIVOTHAYAN, KUMUTHAKUMARI	
STREET ADDRESS	8329 N.W. 68TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
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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 #

Kumuthakumari Sivothyayan **KUMUTHAKUMARI SIVOTHAYAN** 4/3/00 (305) 594-1980

CR2E034 (9/99)