

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045822 ✓

1. Entity Name

AERO COMEX, INC

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90036 032 ***150.00

Principal Place of Business

Mailing Address

6510 WINDSOR DRIVE
 PARKLAND, FL 33067

2. Principal Place of Business

6510 WINDSOR DR

Mailing Address

6510 WINDSOR DR

Suite, Apt. #, etc.

PARKLAND, FL

Suite, Apt. #, etc.

PARKLAND, FL

City & State

33067

City & State

33067

Zip

Country

USA

Zip

Country

USA

4. FEI Number

65-079104

Applied For

Not Applicable

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

NOFIL & NOFIL PA
 3284 N STATE RD 7
 LAUDERDALE LAKES, FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

MINI NOFIL

5/1/00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Required Agent signature required when reactivating)

DATE

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

\$5.00 May Be

Trust Fund Contribution.

☐

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRD	☐ Delete
NAME	FERNANDO MONROY	
STREET ADDRESS	6510 WINDSOR DR	
CITY-STATE-ZIP	PARKLAND, FL 33067	
TITLE	VPD	☐ Delete
NAME	CLARA MONROY	
STREET ADDRESS	6510 WINDSOR DR	
CITY-STATE-ZIP	PARKLAND, FL 33067	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

Tara Men

5/1/00

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