

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90432 048 \*\*\*158.75

DOCUMENT # P97000063007  
 Entity Name  
**AVIATION PARTS DEPOT, INC.**

Principal Place of Business  
**4595 NW 72nd Avenue**  
**Miami, FL 33166**

Mailing Address  
**4595 NW 72nd Avenue**  
**Miami, FL 33166**

Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-08036487**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**Myron H. Budnick**  
**16505 NE 26th Avenue**  
**Miami, FL 33160**

7. Name and Address of New Registered Agent

Name

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

**FL**

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.

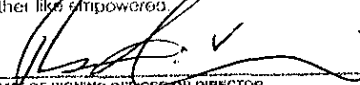
SIGNATURE OF  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

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                      | Delete | TITLE                                                 | Change <input checked="" type="checkbox"/> Addition |
| NAME                       |        | NAME                                                  |                                                     |
| STREET ADDRESS             |        | STREET ADDRESS                                        |                                                     |
| CITY-ST-ZIP                |        | CITY-ST-ZIP                                           |                                                     |
| TITLE                      | Delete | TITLE                                                 | Change <input type="checkbox"/> Addition            |
| NAME                       |        | NAME                                                  |                                                     |
| STREET ADDRESS             |        | STREET ADDRESS                                        |                                                     |
| CITY-ST-ZIP                |        | CITY-ST-ZIP                                           |                                                     |
| TITLE                      | Delete | TITLE                                                 | Change <input type="checkbox"/> Addition            |
| NAME                       |        | NAME                                                  |                                                     |
| STREET ADDRESS             |        | STREET ADDRESS                                        |                                                     |
| CITY-ST-ZIP                |        | CITY-ST-ZIP                                           |                                                     |
| TITLE                      | Delete | TITLE                                                 | Change <input type="checkbox"/> Addition            |
| NAME                       |        | NAME                                                  |                                                     |
| STREET ADDRESS             |        | STREET ADDRESS                                        |                                                     |
| CITY-ST-ZIP                |        | CITY-ST-ZIP                                           |                                                     |
| TITLE                      | Delete | TITLE                                                 | Change <input type="checkbox"/> Addition            |
| 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 any exception 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: **Brian Simmons**  **4/28/00** **(305) 592-6344**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #