2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
06-07-2000 90432 048 ***158.75

DOCUMENT # P97000063007

1. 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

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-08036487 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $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

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

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

FILING NOW IS $158.75 After MAY 1, 2000 Fee will be $350.00 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 P/D/S NAME SIMMONS, BRIAN STREET ADDRESS 4595 NW 72nd Ave. CITY-ST-ZIP Miami, FL 33166 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Change [ ] Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exception in 607.0121(9), 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: Brian Simmons — 4/28/00 — (305) 592-6344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)