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FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90324 044 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075876

1. Entity Name: Eastern Airparts Unlimited Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6850 NW 20th Ave		6850 NW 20th Ave	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State: Fort Lauderdale		City & State: Fort Lauderdale	
Zip: FL	Country: 33309	Zip: FL	Country: 33309

4. FEI Number: 650784712 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**

Name: Robert Cantone

Street Address (P.O. Box Number is Not Acceptable): 6850 NW. 20th Ave

City: Fort Lauderdale FL Zip Code 33309

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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD
NAME	Catherine Picard
STREET ADDRESS	6850 NW 20th Ave
CITY-ST-ZIP	Fort Lauderdale FL 33309
TITLE	VPD
NAME	Robert Cantone
STREET ADDRESS	6850 NW 20th Ave
CITY-ST-ZIP	Fort Lauderdale FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Robert Cantone VP 5/1/02 954-977-0400

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