

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081050

1. Entity Name

AMERICAN AIRMOTIVE, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90028 035 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 522230
MIAMI FL 33152

P.O. BOX 522230
MIAMI FL 33152-2230

101427



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0830535

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BATCHELOR, ANNE D
950 SE 12 ST
HIALEAH FL 33139

Name

ANNE BATCHELOR ROYJOHNS

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

950 SE 12 ST.

City

HIALEAH,

FL

Zip Code

33010

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

(NOTE: Registered Agent signature required when reinstating)

DATE

V.P AND SECRETARY 27 APRIL 2000

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 ☐ Delete
NAME BATCHELOR, GEORGE E
STREET ADDRESS 950 S E 12TH STREET
CITY-ST-ZIP HIALEAH FL

TITLE ☐ Change ☒ Addition
NAME NANCY ANSLEY
STREET ADDRESS CFO, VP, T
CITY-ST-ZIP 950 SE 12 ST
HIALEAH, FL. 33010

TITLE D ☐ Delete
NAME ROHDE, CAROL
STREET ADDRESS 950 S E 12TH STREET
CITY-ST-ZIP HIALEAH FL

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

TITLE CFO ☒ Delete
NAME GILLIS, CHRIS
STREET ADDRESS 950 SE 12 ST
CITY-ST-ZIP HIALEAH FL 33139

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

TITLE DAS ☐ Delete
NAME FERRATCHI, DANIEL J
STREET ADDRESS 950 SE 12 ST
CITY-ST-ZIP HIALEAH FL 33139

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

TITLE DS ☐ Delete
NAME ROYJOHNS, ANNE D
STREET ADDRESS 950 SE 12 ST
CITY-ST-ZIP HIALEAH FL 33139

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 MARCH 00

Date

305 889-6203

Daytime Phone #

CR2E034 (9/99)