

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91453 031 \*\*\*158.75

DOCUMENT # P97000096099

1. Entity Name  
AEROSPACE FINANCE CORP.



Principal Place of Business  
950 S.E. 12TH STREET  
HIALEAH FL 33010

Mailing Address  
950 S.E. 12TH STREET  
HIALEAH FL 33010

2. Principal Place of Business  
111 NE 1ST ST.

3. Mailing Address  
111 NE 1ST ST.

Suite, Apt. #, etc.  
8th Floor

Suite, Apt. #, etc.  
8th Floor

City & State  
Miami FL

City & State  
Miami FL

Zip  
33132

Country  
USA

Zip  
33132

Country  
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0809777

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

ROBJOHNS BATCHELOR, ANNE  
950 S.E. 12TH STREET  
HIALEAH FL 33010

NEW ADDRESS

Name  
Anne Batchelor - Robjohns

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

111 NE 1ST ST. / 8th Floor

City  
Miami

FL

Zip Code  
33132

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: ANNE BATCHELOR-ROBJOHNS / ANNE BATCHELOR-ROBJOHNS / 4-23-03  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTC ANSLEY, NANCY J 950 SE 12 ST HIALEAH FL 33010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BATCHELOR, GEORGE E 950 S.E. 12TH STREET HIALEAH FL 33010	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VELASCO, CARIDAD 950 SE 12 ST HIALEAH FL 33010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BATCHELOR-ROBJOHNS, ANNE 950 SE 12 ST HIALEAH FL 33010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARESI, DANIEL J 950 SE 12 ST HIALEAH FL 33010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T ANSLEY, NANCY J. 111 NE 1ST ST. Miami, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONATHAN BATCHELOR 111 NE 1ST ST. Miami, FL 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VELASCO, CARIDAD 111 NE 1ST ST. Miami, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S BATCHELOR-ROBJOHNS, ANNE 111 NE 1ST ST. Miami, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/AS FERRARESI, DANIEL J. 111 NE 1ST ST Miami, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE BATCHELOR-ROBJOHNS / ANNE BATCHELOR-ROBJOHNS, Sec. / 305 416-9066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)