

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031118

1. Entity Name

AERO SALES GROUP, INC.

Principal Place of Business

1480 NW 107TH AVE.
MIAMI FL 33172
US

Mailing Address

PO BOX 72-0367
MIAMI FL 33172
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ROCHETEAU, RALPH
5757 N.W. 11 STREET, STE. 160
MIAMI FL 33128-2035

7. Name and Address of New Registered Agent

Name: LINDA L. CARROLL
Street Address (P.O. Box Number is Not Acceptable)
1260 SUN TRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE
City: MIAMI, FLORIDA 33131-1714 FL Zip Code: 33131-1714

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P QUEVEDO, DAMARIS 400 SOUTH PT. DR. APT 602 MIAMI BCH FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALIANO, CANDIDA 2251 SW 63RD , AVE MIAMI FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Damaris Quevedo

03/21/2001

Date

Daytime Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90050 038 ***158.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)