

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000051618**

1. Entity Name

AIRFOIL CONTOUR, INC.**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90039 004 ***150.00

0141788

Principal Place of Business 7308 NW 34 ST MIAMI FL 33122	Mailing Address 7308 NW 34 ST MIAMI FL 33122
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 4349 SW Port Way
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City & State Palm City, FL	City & State Palm City, FL
Zip 34990	Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0846180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALEZ, MARIO R 5590 W 8 COURT HIALEAH FL 33012	7. Name and Address of New Registered Agent Name BRECHBILL, MARK E CPA Street Address (P.O. Box Number is Not Acceptable) 506 S. FEDERAL HIGHWAY Suite 202 City STUART FL Zip Code 34954
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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 <i>[Signature]</i> CPA Signature, typed or printed name of registered agent and title if applicable.	MARK BRECHBILL, CPA (NOTE: Registered Agent signature required when reinstating)	4/24/01 DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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

MATTHEW BICKEL, SEC/TREAS

Date

4/25/01

Daytime Phone #

(561) 219-4600

CR2E034 (10/00)