

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064682

1. Entity Name  
AVIATION PROCUREMENT SPECIALISTS, INC.

Principal Place of Business

1490 NW 78TH AVENUE  
MIAMI FL 33126

Mailing Address

1490 NW 78TH AVENUE  
MIAMI FL 33126

2. Principal Place of Business

8391 NW 64 ST

Suite, Apt. #, etc.

3. Mailing Address

8391 NW 64 ST

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33166

Country

USA

City & State

MIAMI FL

Zip

33166

Country

USA

4. FEI Number

65-0854462

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, CARLOS  
1490 NW 78TH AVENUE  
MIAMI FL 33126

Name

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

8391 NW 64 ST

City

MIAMI

FL

Zip Code

33166

7. Name and Address of New Registered Agent

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D FERNANDEZ, CARLOS 1030 N ROYAL POINCIANA BLVD MIAMI SPRINGS FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> 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  
Date 9-4-01 Daytime Phone 305 499-9220

FILED  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90012 012 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

98000000 AV

CR2E034 (5/01)