

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90104 019 ***150.00

DOCUMENT # P99000018699

1. Entity Name

AERO-COM, INC.

Principal Place of Business

6708 N.W. 72ND AVENUE
 MIAMI FL 33166

Mailing Address

6708 N.W. 72ND AVENUE
 MIAMI FL 33166-3032

2. Principal Place of Business

3337 NW 74 AVE

3. Mailing Address

3337 NW 74 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0906290

Applied For

☐ Not Applicable

Zip

33122

Country

USA

Zip

33122

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESCALANTE, JOSE M
6708 N.W. 72ND AVENUE
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

JOSE M. ESCALANTE

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

3337 NW 74 AVE

City

MIAMI

FL

Zip Code

33122

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, 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

TITLE **D** ☐ Delete
 NAME **ESCALANTE, JOSE M**
 STREET ADDRESS **6708 N.W. 72ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ Delete
 NAME **FONGON, ROLAND**
 STREET ADDRESS **6708 N.W. 72ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ Delete
 NAME **PARRA, ANGEL M**
 STREET ADDRESS **6708 N.W. 72ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **JOSE M. ESCALANTE**
 STREET ADDRESS **3337 NW 74 AVE**
 CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **D** ☒ Change ☐ Addition
 NAME **ROLAND FONGON**
 STREET ADDRESS **3337 NW 74 AVE**
 CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **D** ☒ Change ☐ Addition
 NAME **ANGEL M. PARRA**
 STREET ADDRESS **3337 NW 74 AVE**
 CITY-ST-ZIP **MIAMI, FL 33122**

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

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

Date

Daytime Phone #

CR2E034 (9/99)