

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90026 049 ***150.00

DOCUMENT # P99000022392

1. Entity Name

AEROSPACE AND INDUSTRIAL SALES, INC.

Principal Place of Business

Mailing Address

**201 SEVILLA AVENUE
CORAL GABLES FL****201 SEVILLA AVENUE
CORAL GABLES FL 33134-6616**

2. Principal Place of Business

3. Mailing Address

P.O. BOX # 143645**P.O. BOX # 143645**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-0903361

Applied For

Not Applicable

Zip

33134

Country

Zip

33134

Country

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

Name

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

City

FL

Zip Code

**BERLIT CORPORATE SERVICES, INC.
SUITE 200
848 BRICKELL AVENUE
MIAMI FL 33131**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	PIZARRO, GLORIA			
	201 SEVILLA AVENUE			
	CORAL GABLES FL 33134			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	RUIVAL, GLORIA				
	P.O. BOX # 143645				
	CORAL GABLES, FL 33134.				

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 #

2/25/00 (305) 446 44 43

CR2E034 (9/99)