

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023443

1. Entity Name

AEROSPACE LOGISTICS SUPPORT CORP.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90220 004 ***150.00

Principal Place of Business

Mailing Address

~~822 LAKE DRIVE~~
~~APT. M106~~
~~MIAMI FL 33166~~
~~XXXXXXXX~~

~~822 LAKE DRIVE~~
~~APT. M106~~
~~MIAMI FL 33166~~
~~XXXXXXXX~~

2. Principal Place of Business

~~18210 S.W. 114 CT.~~
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 971232
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

Zip
33157

Country

DADE

City & State

MIAMI FL

Zip

33197

Country

DADE

4. FEI Number

58-2452323

Applied For

Not Applicable

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

KLAUS FRANZEN

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

18210 S.W. 114 CT

City

MIAMI

FL

Zip Code

33157

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 KLAUS FRANZEN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/26/2000

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 ☒ Delete

NAME
~~BOYD DARLENE~~
~~822 LAKE DRIVE~~
~~APT. M106~~
~~MIAMI FL 33166~~
~~XXXXXXXX~~

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME
D
STREET ADDRESS
~~Rx0x80Xx97~~ 18210 S.W. 114CT
CITY-ST-ZIP
MIAMI FL 33157

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

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:

KLAUS FRANZEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHONE 786-457-2730

PH: 305 37855414/26/2000

Date

Daytime Phone #

CR2E034 (9/99)