

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90301 009 ***150.00

DOCUMENT # P99000028647

1. Entity Name

AEROSPACE PARTS INTERNATIONAL, INC.**655764**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6555 NW 36 ST. SUITE 117
VIRGINIA GARDENS FL 331666555 NW 36 ST. SUITE 117
VIRGINIA GARDENS FL 33166-6903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0909130

Applied For

Not Applicable

Zip

Country

Zip

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

BARRETO, FREDDY
10415 SW 147 CT.
MIAMI FL 33196

Name

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

City

FL

Zip Code

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, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FREDDY BARRETO / PRESIDENT**4/27/00**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 State10. 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
☐ Delete**PD**
BARRETO, FREDDY
10415 SW 147 CT.
MIAMI FL 33196TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete**VSD**
DELGADO, LILIANA
9069 NW 114 TERR.
HALEAH GARDENS FL 33018TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDDY BARRETO

Date

4/27/00

Daytime Phone #