

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069042

1. Entity Name

AERONAUTICAL SOLUTIONS INTERNATIONAL, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90064 035 ***158.75

Principal Place of Business

Mailing Address

1345 MARSEILLES DRIVE
P.O. BOX 59-0952
MIAMI FL 33159-0952

1345 MARSEILLES DRIVE
P.O. BOX 59-0952
MIAMI FL 33159-0952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. BOX 59-0952
Suite, Apt. #, etc.

P.O. BOX 59-0952
Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL 33159

4. FEI Number

Applied For

65-0938703

Not Applicable

Zip

Country

Zip

Country

33159-0952

U.S.A

33159-0952

U.S.A

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

HAMILTON, CHRIS ANTHONY
1345 MARSEILLES DRIVE
MIAMI FL 33159-0952

Name

HAMILTON, CHRIS ANTHONY

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

1623 MICANOPY AVE.

City

MIAMI

FL

Zip Code

33133-0001

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

Chris A. Hamilton

4/27/00

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	D	<input type="checkbox"/> Delete
NAME	HAMILTON, CHRIS ANTHONY	
STREET ADDRESS	1345 MARSEILLES DRIVE	
CITY-ST-ZIP	MIAMI FL 33159-0952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, CHRIS ANTHONY	
STREET ADDRESS	P.O. BOX 59-0952	
CITY-ST-ZIP	MIAMI, FL 33159-0952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Chris A. Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 (305) 912-8898

CR2E034 (9/99)