

**-2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90024 029 \*\*\*150.00

DOCUMENT # **P99000069661**

1. Entity Name

**AVIOPARTS CORPORATION**

Principal Place of Business

Mailing Address

**1550 MADRUCA AVE  
SUITE 313  
CORAL GABLES FL 33146**

**1550 MADRUCA AVE  
SUITE 313  
CORAL GABLES FL  
33146**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0938856**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**UUUJY4ZJ**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PECKNOLD, GEDFREY  
1550 MADRUCA AVE  
SUITE 313  
MIAMI FL 33146**

Name

**EDUARDO APARICIO**

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

**141 E 56 STREET**

City

**HALEAH**

FL

Zip Code

**33013**

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

**EDUARDO APARICIO**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-5-00**

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 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

**PRESIDENT  
FUJON, MANY  
1550 MADRUCA AVE STE 313  
MIAMI FL 33146**

TITLE ☐ Change ☒ Addition

**PRESIDENT  
EDUARDO APARICIO  
141 E 56 STREET  
HALEAH FL 33013**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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STREET ADDRESS

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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 #

**EDUARDO APARICIO 4-5-00 305-790-7804**

CR2E034 (9/99)