

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90231 013 \*\*\*150.00

**DOCUMENT # P99000069661**

1. Entity Name  
**AVIOPARTS CORPORATION**

Principal Place of Business  
**1550 MADRUGA AVENUE  
 SUITE 313  
 CORAL GABLES FL 33146**

Mailing Address  
**1550 MADRUGA AVENUE  
 SUITE 313  
 CORAL GABLES FL 33146**

2. Principal Place of Business  
**7326 SW 63 AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7326 SW 63 AVE**  
 Suite, Apt. #, etc.

City & State  
**MIAMI FL**  
 Zip  
**33143**  
 Country  
**USA**

City & State  
**MIAMI FL**  
 Zip  
**33143**  
 Country  
**USA**

4. FEI Number **65-0938856**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**APARICIO, EDUARDO  
 141 E 56 STREET  
 HIALEAH FL 33013**

## 7. Name and Address of New Registered Agent

Name **RAYMOND READE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7326 SW 63 AVE**  
 City **MIAMI** FL Zip Code **33143**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**03.23.01**

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, 2001 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

TITLE **P** ☒ Delete  
 NAME **APARICIO, EDUARDO**  
 STREET ADDRESS **141 E 56 STREET**  
 CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition  
 NAME **RAYMOND READE**  
 STREET ADDRESS **7326 SW 63 AVE**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**03.23.01 305.667-9621**

CR2E034 (10/00)