2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State
06-20-2001 90016 048 ***550.00

DOCUMENT # P99000087750

1. Entity Name

Aeroparts Solutions, Inc.

Principal Place of Business	Mailing Address
8568 NW 64th St. Miami, FL 33166 USA	1041 SE 17th St. PH Ft. Lauderdale, FL 33316 USA

C0071903

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8568 NW 64th St.	1041 SE 17th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Penthouse
City & State: Miami, FL	City & State: Fort Lauderdale, FL
Zip: 33166 Country: USA	Zip: 33316 Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Scott C. Burgess, Esq.
1041 SE 17th Street
Mailbox # 15
Fort Lauderdale, FL 33316

7. Name and Address of New Registered Agent

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, 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Angel Ramos 1041 SE 17th St. PH Ft. Lauderdale, FL 33316 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jorge L. Del Rosal 9400 SW 116th Street Miami, FL 33176 XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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 #