

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90459 036 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #****P99000087750****1. Entity Name:****AEROPARTS SOLUTIONS, INC.****DO NOT WRITE IN THIS SPACE****2. Principal Place of Business****13720 NW 23th Street**

Suite, Apt. #, etc.

3. Mailing Address**1041 SE 17th Street**

Suite, Apt. #, etc.

Penthouse**City & State****Pembroke Pine, FL****Zip****33028****Country****Broward****City & State****Fort Lauderdale, FL****Zip****33316****Country****Broward****4. FFI Number****52 2198502****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required****7. Name and Address of Current Registered Agent****Name****Scott C. Burgess, Esquire**

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

1041 SE 17th St.**Penthouse****City****Ft. Lauderdale****FL****Zip Code****33316****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 required on report and UBR if registered agent and state of applicable

Signature required on report when not changing

DATE**9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so
(See criteria on back)**☐**10. Election Campaign Financing
Trust Fund Contribution**☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****TITLE**
NAME
STREET ADDRESS
CITY, ST, ZIP
PD
Angel L. Ramos
3720 NW 23th Street
Pembroke Pines, FL 33028**TITLE**
NAME
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NAME
STREET ADDRESS
CITY, ST, ZIP**DO NOT WRITE
IN THIS SPACE****13. I hereby certify that the information supplied with this filing does not qualify for the exemption provided 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 I am an officer or director of this 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 on an attachment with an address, with all other like empowered.****SIGNATURE:****Angel L. Ramos, President 954-763-5565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Do Not Print

CR2E034B (12/01)

Attachment

June 10th, 2002

Attachment 869763
PP9000087750

Uniform Business Report
Division of Corporations
P.O. Box 1500

Tallahassee, FL 32302-1500.

Re: Aeroparts Solutions Inc (the "Corporation")

Enclosed please find the Corporation's
Uniform Business Report and a check for the
sum of One Hundred and fifty dollars (\$150.)
to cover the required filing fee.

Mr. Ramos was out of the country for a
~~long period of time and could sign the~~
report yesterday. Thank you for your
understanding

Maria Ramos.

