

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092429

1. Entity Name

A AND C AIRCRAFT PARTS INC.

Principal Place of Business

3966 ESTEPONA AVE.
MIAMI FL 33178

Mailing Address

3966 ESTEPONA AVE.
MIAMI FL 33178-2368

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

650956046

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RINCON, LIZBELL
3117 NW 10TH PLACE
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name CATHERINE CAPOVILLA

Street Address (P.O. Box Number is Not Acceptable)
3966 ESTEPONA AVE

City Miami

FL

Zip Code 33178

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

CATHERINE CAPOVILLA

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/00

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. REGISTERED AGENTS AND DIRECTORS

TITLE Liz Bell Rincon
NAME
STREET ADDRESS 3117 NW 10th Pl
CITY-ST-ZIP Miami, FL 33178

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME CATHERINE CAPOVILLA
STREET ADDRESS 3966 ESTEPONA AVE
CITY-ST-ZIP Miami FL 33178

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

1/8/00 (305) 406-2370

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90093 041 ***150.00

A0006119



DO NOT WRITE IN THIS SPACE

CR20034 (9/00)