

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90022 011 ***150.00

DOCUMENT # P99000107196

1. Entity Name

J&J AEROSPACE PARTS, INC.

Principal Place of Business

30370 OLD DIXIE HWY
#325
MIAMI FL 33033
US

Mailing Address

18790 S.W. 248 STREET
HOMESTEAD FL 33031

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 **APPLIED FOR**
650981902

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWDEN, JENNY
30370 OLD DIXIE HWY
PMB 325
MIAMI FL 33033

Name **GEORGE J BOWDEN**

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

18790 SW 248 ST

City **HOMESTEAD**

FL

Zip Code **33031**

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 **GEORGE J BOWDEN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/2001

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 **V** ☐ Delete
NAME **BOWDEN, WILLIAM V**
STREET ADDRESS **18790 SW 248TH ST**
CITY-ST-ZIP **MIAMI FL 33031**

TITLE **S** ☐ Delete
NAME **BOWDEN, CHRISTOPHER**
STREET ADDRESS **18790 SW 248TH ST**
CITY-ST-ZIP **MIAMI FL 33031**

TITLE **P** ☒ Delete
NAME **BOWDEN, JENNIFER S**
STREET ADDRESS **18790 SW 248TH ST**
CITY-ST-ZIP **MIAMI FL 33031**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☒ Addition
NAME **GEORGE JAMES BOWDEN**
STREET ADDRESS **18790 SW 248 ST**
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **EXEC VP/SECRETARY** ☒ Change ☐ Addition
NAME **JENNIFER S. BOWDEN**
STREET ADDRESS **18790 SW 248 ST**
CITY-ST-ZIP **HOMESTEAD FL 33031**

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

TITLE ☐ Change ☐ Addition
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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 reports 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

2/11/2001

Date

Daytime Phone #

305-242-8766

CR2E034 (10/00)