2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplen of the corporation or the receiver changed, or on an attachment wit

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28, 2000 8:00 am Secretary of State **DOCUMENT # S33135** 1. Entity Name AERO PEREYRA, INC. 04-28-2000 90068 027 ***150.00 Principal Place of Business Mailing Address 3789 FLY PARK DRIVE 3789 FLY PARK DR ROCKLEDGE FL 32955-4739 ROCKLEDGE FL 32955 118 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3053128 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEREYRA, AERO Street Address (P.O. Box Number is Not Acceptable) 3789 FLY PARK DR ROCKLEDGE FL 32955 Pack Drive FL ibmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named e SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Defete TITLE TITLE PEREYRA, CARLOS NAME NAME 2091 SYKES CREEK DR STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE PEREYRA, CARLOS NAME NAME STREET ADDRESS 2091 SYKES CREEK DR STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at 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 stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information s