2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State
07-31-2001 90013 012 ***150.00
08-21-2001 90002 042 ***400.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # S73280

1. Entity Name
SNJ AERO COMPONENTS, INC.

Principal Place of Business	Mailing Address
4990 SW 52ND STREET #209 FT. LAUDERDALE FL 33314 US	~~P.O. BOX 8335~~ ~~PEMBROKE PINES FL 33084~~

2. Principal Place of Business	3. Mailing Address
	4990 SW 52 St
Suite, Apt. #, etc.	Suite, Apt. #, etc. #209
City & State	City & State FT. LAUD FL
Zip / Country	Zip 33314 / Country USA

4. FEI Number 65-0278519 ☐ 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
~~WAGMAN, JAN~~ 4990 SW 52ND ST SUITE 209 DAVIE FL 33314	Name Steven F. RAAB Street Address (P.O. Box Number is Not Acceptable) 1090 SW 159 Terr City Pembroke Pines FL Zip Code 33025

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 Steven F. Raab
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 $550.00
After September 12, 2001 Fee will be $750.00
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	D WAGMAN, JAN 1081 HIATUS RD PEMBROKE PINES FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAAB, STEVE 211 NW 77TH WAY PEMBROKE PINES FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steven Raab 1090 SW 159 Terr Pembroke Pines FL 33025 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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 ON FILE Steven Raab
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 954-791-9728 Daytime Phone #