

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V11296

1. Entity Name

AEROSPACE ENGINEERING COMPANY, U.S.A., INC.

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90050 016 ***150.00

Principal Place of Business

1250 NW 57TH AVENUE
MIAMI FL 33126
US

Mailing Address

PO BOX 526304
MIAMI FL 33126
US

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 75-0392124

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

CLARO, ELIO A
13963 SW 140 STREET
MIAMI FL 33186

Name
CLARO, ELIO A

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

9315 SW 21 TER

City
MIAMI

FL

Zip Code
33165

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, 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 \$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 P
NAME CLARIO, ELIO ☒ Delete
STREET ADDRESS 6485 SW 31 STREET
CITY-ST-ZIP MIAMI FL

TITLE D
NAME CLARIO, ELIO A ☒ Change ☒ Addition
STREET ADDRESS 9315 SW 21 TER
CITY-ST-ZIP MIAMI, FL 33165

TITLE T
NAME FLEITES, RALPH ☒ Delete
STREET ADDRESS 417 S.W. 96 COURT
CITY-ST-ZIP MIAMI FL

TITLE T
NAME CLARO, BRENDA ZALDIVAR ☐ Change ☒ Addition
STREET ADDRESS 9315 SW 21 TER
CITY-ST-ZIP MIAMI, FL 33165

TITLE D
NAME AGUILERA, NOEL ☒ Delete
STREET ADDRESS 3501 ANCHORAGE WAY
CITY-ST-ZIP MIAMI FL 33133

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

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

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 #

4-5-01 (305) 267-7374

CR2E034 (10/00)