

**DOCUMENT # V23576**

1. Entity Name

**AERO-SPARES SUPPORT CENTER, INC.**

01-22-2000 90067 035 \*\*\*158.75

(b) (7)(C), (b) (7)(D)

Principal Place of Business	Mailing Address
450 SWALLOW DRIVE MIAMI SPRINGS FL 33166	POST OFFICE BOX 660191 MIAMI FL 33266-0191

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-0329898	<input checked="" type="checkbox"/>	Applied For
		<input type="checkbox"/>	Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional:  
Fee Required

6. Name and Address of Current Registered Agent	
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7. Name and Address of New Registered Agent

<b>PUENTE, CARLOS C</b> <b>450 SWALLOW DRIVE</b> <b>MIAMI SPRINGS FL 33166</b>	Name
	Street Address
	City

\_\_\_\_\_

P.O. Box Number is Not Acceptable)

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FL	Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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.	OFFICERS AND DIRECTORS
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12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	PTD	<input type="checkbox"/> Delete
NAME	PUENTE, CARLOS	
STREET ADDRESS	450 SWALLOW DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	

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STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

☐ 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:** SIGCARLOS R. PUENTE PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 JAN 2000 305-885-1775

CR2E034 (9/99)