

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91754 001 *****8.75
 05-18-2001 91754 002 ***150.00

DOCUMENT # V40432

1. Entity Name
AMTEC AVIATION AEROSPACE, INC.

Principal Place of Business 2000 NE 122ND RD NORTH MIAMI FL 33181-2942 US	Mailing Address 2000 NE 122ND RD NORTH MIAMI FL 33181 US
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73202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0360733** Applied For
 Not Applicable

Zip Country Zip Country 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

**MALENFELD, WARREN R ESQ
 FIRST UNION FINANCIAL CENTER
 200 SO. BISCAYNE BLVD #1870
 MIAMI FL 33131**

Name
TRAZENFELD, WARREN R. ESQ
 Street Address (P.O. Box Number is Not Acceptable)
FIRST UNION FIN. CTR # 1870
200 S BISCAYNE BLVD.
 City **MIAMI** FL Zip Code **33131**

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 *Warren R. Trazenfeld* DATE **28 APRIL 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD SCHANO, MARION E. 2000 NE 122ND RD NORTH MIAMI FL	<input type="checkbox"/>		
SD SCHANO, EDWARD 2000 NE 122ND RD NORTH MIAMI FL	<input checked="" type="checkbox"/>	STD MICKEY L. MOORE 13575 S.W. 72ND AVE MIAMI, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mickey L. Moore* Date **4-28-2001** Daytime Phone # **305-570-8817**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE034 (10/00)