

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **Z00304**

1. Entity Name

WORLDWIDE AVIONICS, L.C.

FILED

01 JUL 30 AM 8:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**2561 NW 74 AVE.
MIAMI FL 33122-1417**

Mailing Address

**P.O. BOX 593242
MIAMI INTERNATIONAL AIRPORT
MIAMI FL 33159-3242**

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

65-0242544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LORENZ, LEO F
1469 S.W. 99TH TERRACE
MIAMI FL 33324**

Name **LEO LORENZ**

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

2561 NW 74TH AVENUE

City **MIAMI**

FL

Zip Code

33122

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

Leo Lorenz **MEMBER**

(NOTE: Registered Agent signature required when reinstating)

7/6/2001

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By September 26, 2001**

**700004513487--4
-08/03/01--01005--024
*****50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MB LORENZ, LEO**
STREET ADDRESS **1469 S.W. 99TH TERRACE**
CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MB HERNANDEZ, HILARIO**
STREET ADDRESS **10474 N.W. 130TH ST.**
CITY-ST-ZIP **HALEAH GARDENS FL 33018**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Leo Lorenz **LEO LORENZ**

7/6/2001

305-477-4063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)