

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90241 001 \*\*\*750.00

**DOCUMENT # P99000097527**

**1. Entity Name**  
**DEBIS AIRFINANCE USA, INC.**

**Principal Place of Business**

**100 N.E. 3RD AVE  
 SUITE 800  
 FT. LAUDERDALE FL 33301**

**Mailing Address**

**100 N.E. 3RD AVE  
 SUITE 800  
 FT. LAUDERDALE FL 33301**

**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 58-2528262**

**Applied For**  
**Not Applicable**

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

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**BASAT, CARYL B  
 100 NE 3RD AVE  
 FORT LAUDERDALE FL 33301**

**7. Name and Address of New Registered Agent**

**Name**  
**Laura B. Showalter**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**100 NE Third Ave., Suite 800**  
**City**  
**Ft. Lauderdale FL 33301**

**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** *Laura B. Showalter* **LAURA B. SHOWALTER** **1/16/2002**  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DT** ☒ **Delete**  
**NAME** **BLANEY, PATRICK**  
**STREET ADDRESS** **AVATION HOUSE**  
**CITY-ST-ZIP** **CO CLARE, SHANNON, IRELAND**

**TITLE** **DP** ☒ **Change** ☒ **Addition**  
**NAME** **Patrick Dalton**  
**STREET ADDRESS** **debis AirFinance House**  
**CITY-ST-ZIP** **Shannon, County Clare, Ireland**

**TITLE** **V** ☐ **Delete**  
**NAME** **ISRAEL, PADRON**  
**STREET ADDRESS** **100 NE 3RD AVE STE 800**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33301**

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

**TITLE** **VS** ☒ **Delete**  
**NAME** **BASAT, CARYL B**  
**STREET ADDRESS** **100 NE 3RD AVE STE 800**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33301**

**TITLE** **DST** ☒ **Change** ☒ **Addition**  
**NAME** **Laura B. Showalter**  
**STREET ADDRESS** **100 NE Third Ave., Suite 800**  
**CITY-ST-ZIP** **Ft. Lauderdale, FL 33301**

**TITLE** **V** ☐ **Delete**  
**NAME** **MCCHESNEY, ARTHUR**  
**STREET ADDRESS** **100 NE 3RD AVE STE 800**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33301**

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

**TITLE** **DV** ☐ **Delete**  
**NAME** **DROBNICH, JOSEPH**  
**STREET ADDRESS** **100 NE 3RD AVE STE 800**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33301**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **V** ☒ **Change** ☒ **Addition**  
**NAME** **Timothy S. Bergin**  
**STREET ADDRESS** **100 NE Third Ave., Suite 800**  
**CITY-ST-ZIP** **Ft. Lauderdale, FL 33301**

**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 another like empowered.**

**SIGNATURE:**

*Joseph D. Drobni*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**17 Jan 2002**

Date

Daytime Phone #

**954 760-7777**

CR2E034 (9/01)