

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State
 02-18-2002 90080 001 ***300.00

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DOCUMENT # F00000003581

1. Entity Name

AERFI INC.

Principal Place of Business

**C/O AERFI GROUP PLC
 AVIATION HOUSE, SHANNON
 COUNTY CLARE, IRELAND
 OC**

Mailing Address

**100 NE THIRD AVE
 SUITE 800
 FT LAUDERDALE FL 33301**

13386



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

13-3521640

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

**SHOWALTER, LAURA B
 100 NE THIRD AVENUE, SUITE 800
 FT. LAUDERDALE FL 33301**

Name

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

City

FL

Zip Code

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	DALTON, PATRICK	
STREET ADDRESS	SHANNON, COUNTY CLARE	
CITY-ST-ZIP	IRELAND	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DROBNICH, JOSEPH F	
STREET ADDRESS	100 NE THIRD AVENUE, SUITE 800	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SHOWALTER, LAURA B	
STREET ADDRESS	100 NE THIRD AVENUE, SUITE 800	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

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:

Laura B Showalter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2002 954-760-7777

Date

Daytime Phone #

CR2E034 (9/01)