

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

06-29-2001 90003 043 \*\*\*550.00

**DOCUMENT # 857383**

1. Entity Name

COMMODORE AVIATION, INC.

Principal Place of Business

4900 NW 36 ST  
HANGAR 25  
MIAMI FL 33142  
US

Mailing Address

POB 661078  
MIAMI FL 33266  
US

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

13-2985551

Applied For

Not Applicable

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

BONNER, R. LAWRENCE

100 SE 2ND ST

34TH FLOOR, CENTRUST FINANCIAL CENTER

MIAMI FL 33131

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, 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 P ☒ Delete  
NAME BEN BASAT, ASHER  
STREET ADDRESS 4900 NW 36 ST BLDG 25  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete  
NAME GOLDENBERG, AHARON  
STREET ADDRESS BENGURION INT AIRPORT,  
CITY-ST-ZIP LONDON LO

TITLE TCFO ☒ Delete  
NAME DELA TORRE, JC  
STREET ADDRESS 4900 NW 36 ST BLDG 25  
CITY-ST-ZIP MIAMI FL

TITLE CD ☐ Delete  
NAME ARZI, DAVID  
STREET ADDRESS BENGURION INT AIRPORT  
CITY-ST-ZIP LOD IS

TITLE S ☐ Delete  
NAME MEYER, MAYA  
STREET ADDRESS 50 WEST 23RD STREET  
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ Delete  
NAME GISSING, B  
STREET ADDRESS 4740 E. SUNRISE DR. STE 382  
CITY-ST-ZIP TUCSON AZ

TITLE President ☐ Change ☒ Addition  
NAME Joseph Reinherz  
STREET ADDRESS 4900 NW 36 St, Bldg 25  
CITY-ST-ZIP Miami FL

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

TITLE CFO ☐ Change ☒ Addition  
NAME Giora Leither  
STREET ADDRESS 4900 NW 36 St, Bldg 25  
CITY-ST-ZIP Miami, FL 33142

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

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

TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/01 (305) 869-1900  
Date Daytime Phone #  
EXT 318

CR2E034 (10/00)