

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91335 017 \*\*\*158.75

DOCUMENT # 857383

1. Entity Name

Commodore Aviation Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4900 NW 36 STREET

3. Mailing Address

PO Box 661078

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

13-2985551

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

33266

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BONNER, R. LAWRENCE

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

100 SE 2ND STREET

34TH FLOOR FIRST UNION FINANCIAL CENTER

City

MIAMI

FL

Zip Code

33131

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REINHERZ, JOSEPH 4900 NW 36 ST. Bld 25 MIAMI FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A GOLDENBERG, AHARON BEN GURION INT AIRPORT LONDON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LEITNER, GIORA 4900 NW 36 STREET MIAMI FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ARZI, DAVID BEN GURION INT AIRPORT LON 15
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEYER, MAYA 50 WEST 23 STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GISSING, B 4740 E SUNRISE DR, STE 382 TUCSON, AZ

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Giora Leitner

5/1/2006

Date

(305) 869-1923

Daytime Phone #