

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90204 022 \*\*\*150.00

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AV

**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

4. FEI Number **13-2985551**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

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, UNION 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **REINHERZ, JOSEPH**  
STREET ADDRESS **4900 NW 36 ST BLDG 25**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **COYLE, JERRY**  
STREET ADDRESS **10 SAN PEDRO CT**  
CITY-ST-ZIP **PORT COAST FL 32137**

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

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

TITLE **CFO** ☐ Delete  
NAME **LEITNER, GLORA**  
STREET ADDRESS **4900 NW 36TH ST, BLDG 25**  
CITY-ST-ZIP **MIAMI FL 33166**

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

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Leitner**

**3/27/03**

Date

**(205)**

**812-169-1900**

Daytime Phone #

CR2E034 (10/02)