

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90080 001 ***300.00

DOCUMENT # F00000003578

1. Entity Name
AERCOUSA INC.

Principal Place of Business Mailing Address
DEBIS AIRFINANCE USA, INC. **C/O NATIONWIDE INFORMATION SVCS. INC.**
1000 NE 3RD AVENUE STE 800 **15 NORTH STREET**
FORT LAUDERDALE FL 33301 **DOVER DE 19901**

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 **06-1493698** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CARYL BEN BASAT
100 NE THIRD AVENUE, SUITE 800
FT. 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** Zip Code
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** **2/5/2002**
 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
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
 NAME **BRADLEY, FREDERICK**
 STREET ADDRESS **764 NORGATE**
 CITY-ST-ZIP **WESTFIELD NJ 07090**

TITLE **DVST** ☐ Delete
 NAME **PETERS, KENNETH**
 STREET ADDRESS **12617 GRAVELLY LAKE DR.**
 CITY-ST-ZIP **TACOMA WA 98499**

TITLE **DS** ☐ Delete
 NAME **SHOWALTER, LAURA B**
 STREET ADDRESS **100 NE 3RD AVENUE STE 800**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
 NAME **Robinson, Adrian**
 STREET ADDRESS **Dean St., East Farleigh, Maidstone**
 CITY-ST-ZIP **Kent ME 15 OHS, United Kingdom**

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

TITLE **DST** ☒ 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

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: *Laura B. Showalter* **LAURA B. SHOWALTER** **2/5/2002** **954-760-TTT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)