

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90689 001 \*\*\*450.00

**DOCUMENT # F00000003579**

1. Entity Name  
**AERFI LEASING USA SUB I INC.**



Principal Place of Business  
**DEBIS AIRFRANCE USA INC**  
**100 NE THIRD AVENUE, SUITE 800**  
**FT. LAUDERDALE FL 33301**

Mailing Address  
**DEBIS AIRFRANCE USA INC**  
**100 NE THIRD AVENUE, SUITE 800**  
**FT. LAUDERDALE FL 33301**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3540545**

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**  
**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. 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

TITLE  
NAME **D DALTON, PATRICK**  
STREET ADDRESS **SHANNON, COUNTY CLARE**  
CITY-ST-ZIP **IRELAND**

☒ Delete

TITLE  
NAME **McMAHON, John**  
STREET ADDRESS **EVERT VAN DE BEEKSTRAAT 312**  
CITY-ST-ZIP **1118 CX Schiphol, The Netherlands**

☐ Change ☒ Addition

TITLE  
NAME **DP DROBNICH, JOSEPH F**  
STREET ADDRESS **100 NE 3RD AVENUE SUITE 800**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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

*Laura B Showalter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/2003**

Date

**954-760-7777**

Daytime Phone #

CR2E034 (10/02)