

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90302 001 ***900.00

DOCUMENT # F00000003580

1. Entity Name
AERFI DELAWARE INC.

Principal Place of Business
**C/O THE CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801**

Mailing Address
**C/O THE CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801**

41814



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
c/o debis AirFinance USA
Suite, Apt. #, etc.
100 NE 3rd Avenue, 800
City & State
Fort Lauderdale, FL
Zip Country
33301 USA

4. FEI Number **13-3636799** 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

**CARYL BEN BASAT
100 NE THIRD AVENUE
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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	DALTON, PATRICK	
STREET ADDRESS	SHANNON, COUNTY CLARE	
CITY-ST-ZIP	IRELAND	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	RUDOLPH, STEPHANIE	
STREET ADDRESS	100 NE THIRD AVENUE, SUITE 800	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MACK, CAREN	
STREET ADDRESS	100 NE THIRD AVENUE, SUITE 800	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caryl Ben Basat	
STREET ADDRESS	100 NE 3rd Avenue, Suite 800	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura B. Showalter	
STREET ADDRESS	100 NE 3rd Avenue, Suite 800	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01 954-760-7777
Date Daytime Phone #

CR2E034 (10/00)