

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90302 001 \*\*\*900.00

**DOCUMENT # F00000003586**

1. Entity Name

**AERFI LEASING USA II INC.**

Principal Place of Business

C/O ERGOFI INC. D/B/A INDIGO AIRLEASE  
100 NE THIRD AVENUE, SUITE 800  
FT. LAUDERDALE FL 33301

Mailing Address

C/O ERGOFI INC. D/B/A INDIGO AIRLEASE  
100 NE THIRD AVENUE, SUITE 800  
FT. LAUDERDALE FL 33301

2. Principal Place of Business

**c/o debis AirFinance USA**

Suite, Apt. #, etc.  
**100 NE 3rd Ave, Ste 800**

City & State  
**Ft. Lauderdale, FL**

Zip  
**33301**

Country  
**USA**

3. Mailing Address

**c/o debis AirFinance USA**

Suite, Apt. #, etc.  
**100 NE 3rd Ave, Ste 800**

City & State  
**Ft. Lauderdale, FL**

Zip  
**33301**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3541103**

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, 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.

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)

**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

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

TITLE **DP** ☒ Delete  
NAME **RUDOLPH, STEPHANIE**  
STREET ADDRESS **100 NE THIRD AVENUE, SUITE 800**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **DS** ☒ Delete  
NAME **MACK, CAREN**  
STREET ADDRESS **100 NE THIRD AVENUE, SUITE 800**  
CITY-ST-ZIP **FT. 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 **DP** ☐ Change ☒ Addition  
NAME **Caryl Ben Basat**  
STREET ADDRESS **100 NE 3rd Avenue, Suite 800**  
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE **DS** ☐ Change ☒ Addition  
NAME **Laura B. Showalter**  
STREET ADDRESS **100 NE 3rd Avenue, Suite 800**  
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

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

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/11/01*  
Date

*954-760-7777*  
Daytime Phone #

CR2E034 (10/00)