2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000003586

1. Entity Name

AERFI LEASING USA II INC.



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

02-27-2003 90689 001 ***450.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					🛰	WETE						
Sutte, Apt. 9, ctc. City & State Country Country S. Certificate of Status Desired Set. 75 Additional Fee. Required 6. Name and Address of Current Registered Agent Name SHOWALTER, LAURA B SHOWALTER, LAURA B SHOWALTER, SUTTE 800 F. LaUDERDALE FL 33301 City FL Zip Code 8. The above names entry 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 Surve. Special certificate of Status Desired 7. Name and Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FL Zip Code 8. The above names entry 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	C/O DEBIS AIRFINANCE USA. INC 100 NE THIRD AVENUE. SUITE 800		C/O DEB 100 NE T	C/O DEBIS AIRFINANCE USA. INC 100 NE THIRD AVENUE, SUITE 800								
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Section Sect	Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
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8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signa	·											
THE NAME STREET ADDRESS CITY-ST-2P FILE LAUDERDALE FL 33301 SIGNATURE Signature speed or printed name of registered agent and tole if applicables. (NOTE Registered Agent signature registed when reintatating) DATE PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State D OFFICERS AND DIRECTORS. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS. 11. MAME STREET ADDRESS CHY-ST-2P TITLE DP DALTON, PATRICK SHANNON, COUNTY CLARE IRELAND DP DOBONICH, JOSEPH F 100 NE THIRD AVENUE, SUITE 800 CITY-ST-2P FT. LAUDERDALE FL 33301 Delete TITLE NAME SIREET ADDRESS CITY-ST-2P FT. LAUDERDALE FL 33301 Delete TITLE NAME SIREET ADDRESS CITY-ST-2P FT. LAUDERDALE FL 33301 Delete TITLE NAME SIREET ADDRESS CITY-ST-2P FT. LAUDERDALE FL 33301 Delete TITLE NAME SIREET ADDRESS CITY-ST-2P FT. LAUDERDALE FL 33301 Delete TITLE NAME SIREET ADDRESS CITY-ST-2P FT. LAUDERDALE FL 33301 TITLE NAME SIREET ADDRESS CITY-ST-2P FT. LAUDERDALE FL 33301 Delete TITLE NAME SIREET ADDRESS CITY-ST-2P FT. LAUDERDALE FL 33301 Delete TITLE NAME SIREET ADDRESS CITY-ST-2P FT. LAUDERDALE FL 33301 CITY-S									FL	Zip Cod	e	
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After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State 10.		Signature, typed or printed name of	registered agent and title if applicab	e. (NOTE:	Registered Agent sign	ature required	when reinstating)		DATE			
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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 giver like empowered;

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2003

954-760-777