

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90050 035 \*\*\*150.00

**DOCUMENT # F00000003587**

1. Entity Name

**TRANSTIGER CORP.**

Principal Place of Business

C/O EVERGREEN CORPORATE SERVICES, INC.  
31635 36TH AVENUE SW  
FEDERAL WAY WA 98023-2105

Mailing Address

C/O EVERGREEN CORPORATE SERVICES, INC.  
31635 36TH AVENUE SW  
FEDERAL WAY WA 98023-2105

2. Principal Place of Business

**debis AirFinance USA**

3. Mailing Address

Suite, Apt. #, etc.

**100 NE 3rd Ave, Ste 800**

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, FL**

City & State

Zip

**33301**

Country

**USA**

Zip

Country

4. FEI Number

**06-1196106**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **DP** ☐ Change ☒ Addition  
NAME **Caryl Ben Basat**  
STREET ADDRESS **100 NE 3rd Avenue, Ste 800**  
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

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

**3/6/01 954-467-9636**  
Date Daytime Phone #

CR2E034 (10/00)