

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/2.

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90058 048 \*\*\*150.00

**DOCUMENT # F01000003158**

1. Entity Name

**KEN-GIL AVIATION, INC.**

Principal Place of Business

Mailing Address

C/O ~~WMA~~ Gilbert Spencer

C/O ~~WMA~~ Gilbert Spencer

~~1041 SE 17TH STREET, PH 15~~

~~1041 SE 17TH STREET, PH 15~~

~~FORT LAUDERDALE FL 33316~~

~~FORT LAUDERDALE FL 33316~~

2. Principal Place of Business

3. Mailing Address

**1400 Centrepark Blvd.**

**1400 Centrepark Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Ste 900**

**Ste 900**

City & State

City & State

**West Palm Beach, FL**

**West Palm Beach, FL**

Zip

Country

Zip

Country

**33401**

**US**

**33401**

**US**

6. Name and Address of Current Registered Agent

4. FEI Number

**APPLIED FOR**

Applied For

**58-2629836**

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

**BURGESS, SCOTT C**

**1041 SE 17TH STREET, MB 15**

**FORT LAUDERDALE FL 33316**

Name

**FRED C. COHEN**

Street Address (P.O. Box Number is Not Acceptable)

**712 U.S. Highway One**

**Ste 400**

City

**North Palm Beach**

**FL**

Zip Code

**33408**

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 reissuing)

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, 2002 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 **CP** ☐ Delete  
NAME **SPENSER, GILBERT**  
STREET ADDRESS **1400 CENTER PARK BLVD., SUITE 900**  
CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE **WOG** ☒ Delete  
NAME **EL, JEROME W JR**  
STREET ADDRESS **1041 S.E. 17TH STREET, PH**  
CITY-ST-ZIP **PALM BEACH FL 33316**

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

TITLE **VP** ☐ Delete  
NAME **FRED C. COHEN**  
STREET ADDRESS **712 U.S. Highway One, Ste 400**  
CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE **VP** ☐ Change ☒ Addition  
NAME **FRED C. COHEN**  
STREET ADDRESS **712 U.S. Highway One, Ste 400**  
CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

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

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:

**Fred C. Cohen**

**4/29/02**

**561/844-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)