

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2000 08:00 AM****Secretary of State****DOCUMENT # F98000005519**

1. Entity Name

GALAXY AIRCRAFT CORPORATION

Principal Place of Business

1900 SUMMIT TOWER BLVD., STE 860

ORLANDO
32810

FL

Mailing Address

1900 SUMMIT TOWER BLVD., STE 860

ORLANDO
32810

FL

2. Principal Place of Business

10800 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 800

City & State

MIAMI

FL

Zip
33161Country
US

3. Mailing Address

10800 BISCAYNE BLVD., LAW DEPT.

Suite, Apt. #, etc.

SUITE 800

City & State

MIAMI

FL

Zip
33161Country
US

4. FEI Number

59-3534319

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE NSJ GROUP, INC.

1900 SUMMIT TOWER BLVD., STE 860

ORLANDO
32810

FL

US

7. Name and Address of New Registered Agent

Name

SKYWATCH REGISTERED AGENTS, INC.

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

10800 BISCAYNE BLVD., LAW DEPT.

SUITE 800

City
MIAMI**FL**Zip Code
33161

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 **JANINE E. COX, ASST. SECRETARY****04/21/2000**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	V	<input type="checkbox"/> Delete
NAME	THORNTON W J	
STREET ADDRESS	1900 SUMMIT TOWER BLVD STE 860	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LIPPMAN WAYNE D	
STREET ADDRESS	13019 MAR STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	NEW JONATHAN	
STREET ADDRESS	10023 BAY HARBOR TERRACE	
CITY-ST-ZIP	BAY HARBOR FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KALB MARTIN	
STREET ADDRESS	701 NW 141 AVENUE APT 101	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHAIT DANIEL	
STREET ADDRESS	8520 NW 42ND STREET	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	NEW ROBERT J	
STREET ADDRESS	11414 NORTH BAYSHORE DRIVE	
CITY-ST-ZIP	NORTH MIAMI FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON SAM	
STREET ADDRESS	1900 SUMMIT TOWER BLVD STE 860	
CITY-ST-ZIP	ORLANDO FL 33161	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON JEP	
STREET ADDRESS	1900 SUMMIT TOWER BLVD., SUITE 860	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPMAN WAYNE	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUFF STUART	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEW JONATHAN	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEW ROBERT J	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	

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: MARTIN KALB

VS

04/21/2000

**RICHARD C. GILES, VICE PRESIDENT
33 BLEEKER STREET**

MILLBURN, NJ 07041

**TERI M. TRIMMER, ASST. SECRETARY
10800 BISCAYNE BLVD., SUITE 800**

MIAMI, FL 33161

**C. DERYL COUCH, ASST. SECRETARY
10800 BISCAYNE BLVD., SUITE 800**

MIAMI, FL 33161

**MARTIN KALB, EVP & SECRETARY
10800 BISCAYNE BLVD., SUITE 800**

MIAMI, FL 33161

**DAVID VORRATH, VICE PRESIDENT
10800 BISCAYNE BLVD., SUITE 800**

MIAMI, FL 33161

**DANIEL CHAIT, VICE PRESIDENT
10800 BISCAYNE BLVD, SUITE 800**

MIAMI, FL 33161