

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90040 050 \*\*\*\*55.00

0013051

**DOCUMENT # L01000000796**

1. Entity Name

**FERRELL SCHULTZ AVIATION, L.L.C.**



Principal Place of Business

Mailing Address

**201 S. BISCAYNE BLVD.  
MIAMI CENTER, 34TH FLOOR  
MIAMI FL 33131**

**201 S. BISCAYNE BLVD.  
MIAMI CENTER, 34TH FLOOR  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1078870**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPDIRECT AGENTS  
103 NORTH MERIDIAN STREET  
TALLAHASSEE FL 32315**

Name  
**Ferrell Group Corporate Service, LLC**  
Street Address (P.O. Box Number is Not Acceptable)  
**201 S. Biscayne**  
**Suite 3400**  
City **miami** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **Asst. Sec.**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-14-03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **FERRELL SCHOLTZ CARTER ZIMPONO & FERTEL PA**  
STREET ADDRESS **201 S BISCAYNE BLVD 34TH FL**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition  
NAME **Ferrell Schultz Carter Zumpano + Ferrel**  
STREET ADDRESS **P.A.**  
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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TITLE ☐ Delete  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*  
**Maya C. De Castiglione**

**4-14-03**

**305-371-8585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)