

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State
 02-24-2002 90061 010 ***150.00

DOCUMENT # L04200

1. Entity Name
WORLD AIR LEASE, INC.

Principal Place of Business

**55 ALHAMBRA PLAZA
 2 COLUMBUS CTR. STE 600
 CORAL GABLES FL 33134
 US**

Mailing Address

**P O BOX 145210
 CORAL GABLES FL 33114-210
 US**

80030691



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0143851**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**DE LEON BELLOC, MARTHA M
 2 COLUMBUS CTR
 55 ALHAMBRA PLAZA, STE 600
 CORAL GABLES FL 33134**

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, 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 **CD** ☐ Delete
 NAME **CONESE, EUGENE SR**
 STREET ADDRESS **55 ALHAMBRA PLZ, 2 COLUMBUS CTR STE 600**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ Delete
 NAME **METZGER, SUSAN MARIE**
 STREET ADDRESS **2 COLUMBUS CTR, 55 ALHAMBRA PLZ, STE 600**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **AVPS** ☐ Delete
 NAME **DE LEON BELLOC, MARTHA M**
 STREET ADDRESS **2 COLUMBUS CTR, 55 ALHAMBRA PLZ, STE 600**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **TD** ☐ Delete
 NAME **CONESE, ANNA MAY**
 STREET ADDRESS **2 COLUMBUS CTR, 55 ALHAMBRA PLZ STE 600**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **VPD** ☐ Delete
 NAME **CONESE, EUGENE JR**
 STREET ADDRESS **2 COLUMBUS CTR, 55 ALHAMBRA PLZ STE 600**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **V** ☐ Delete
 NAME **BROADMEADOW, EDWARD**
 STREET ADDRESS **2 COLUMBUS CTR, 55 ALHAMBRA PLZ, STE 600**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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 a power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature of Martha M. de Leon Belloc
Martha M. de Leon Belloc 1/25/02 305-774-3500

CR2E034 (9/01)