

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90057 008 ***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**

2. Principal Place of Business
2200 NW 84th Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 526145
Suite, Apt. #, etc.

City & State
MIAMI, FL
Zip
33122
Country
USA

City & State
MIAMI, FL
Zip
33152
Country
USA

4. FEI Number **65-0143851**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
CONESE, EUGENE SR
2200 NW 84th AVE
MIAMI, FL 33122** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
METZGER, SUSAN MARIE
2200 N.W. 84th AVE
MIAMI, FL 33122** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AVPS
DE LEON BELLOC, MARTHA M
2200 N.W. 84th AVE.
MIAMI, FL 33122** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CONESE, ANNA MAY
2200 NW 84th AVE
MIAMI, FL 33122** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CONESE, EUGENE JR
2200 NW 84th AVE
MIAMI, FL 33122** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BROADMEADOW, EDWARD
2200 N.W. 84th AVE
MIAMI, FL 33122** ☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward J. Broadmeadow 1/28/03 305-774-3500
VP
DATE DAYTIME PHONE #

CR2E034 (10/02)