

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L20369

1. Entity Name

CL AIRCRAFT XXV, INC.

Principal Place of Business

9420 S.W. 77TH AVE.
SUITE 100
MIAMI FL 33156-7900

Mailing Address

9420 S.W. 77TH AVE.
SUITE 100
MIAMI FL 33156-7988

2. Principal Place of Business

10800 BISCAYNE BLVD

3. Mailing Address

10800 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 800

Suite, Apt. #, etc.

SUITE 800

City & State

MIAMI FL

City & State

MIAMI, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

6. Name and Address of Current Registered Agent

LIPPMAN, WAYNE D
9420 SW 77TH AVE, STE 100
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

10800 BISCAYNE BLVD

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

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	CAUFF, STUART L	
STREET ADDRESS	9420 SW 77 AVE.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	LIPPMAN, WAYNE D	
STREET ADDRESS	9420 SW 77 AVE.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10800 BISCAYNE BLVD, SUITE 800	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10800 BISCAYNE BLVD, SUITE 800	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

STUART L. CAUFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90002 024 ***158.75

00024777



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0149463

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

CR2E034 (9/99)