

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90222 037 ***158.75

DOCUMENT # L20369

1. Entity Name
CL AIRCRAFT XXV, INC.

Principal Place of Business

**10800 BISCAYNE BLVD
 SUITE 800
 MIAMI FL 33161**

Mailing Address

**10800 BISCAYNE BLVD
 SUITE 800
 MIAMI FL 33161**

80044330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2665 South Bayshore Drive

3. Mailing Address

2665 South Bayshore Drive

Suite, Apt. #, etc.

Suite 1006

Suite, Apt. #, etc.

Suite 1006

City & State

Coconut Grove, Florida

City & State

Coconut Grove, Florida

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number **65-0149463**

Applied For

Not Applicable

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

**LIPPMAN, WAYNE D
 10800 BISCAYNE BLVD
 SUITE 800
 MIAMI FL 33161**

Name

Wayne D. Lippman

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

2665 South Bayshore Drive

Suite 1006

City

Coconut Grove

FL

Zip Code

33133

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Wayne D. Lippman

4/26/01

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, 2001 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 ☐ Delete
 NAME **DPT**
 STREET ADDRESS **CAUFF, STUART L**
 CITY-ST-ZIP **10800 BISCAYNE BLVD STE 800
 MIAMI FL 33161**

TITLE ☒ Change ☐ Addition
 NAME **STUART L. CAUFF**
 STREET ADDRESS **10395 SW 67 Avenue**
 CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Delete
 NAME **DVS**
 STREET ADDRESS **LIPPMAN, WAYNE D**
 CITY-ST-ZIP **10800 BISCAYNE BLVD STE 800
 MIAMI FL 33161**

TITLE ☒ Change ☐ Addition
 NAME **Wayne D. Lippman**
 STREET ADDRESS **13019 mar street**
 CITY-ST-ZIP **Coral Gables, FL 33156**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE:

Wayne D. Lippman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne D. Lippman

4/26/01

Date

(305) 858-7707

Daytime Phone #

CR2E034 (10/00)