

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91588 009 ***150.00

DOCUMENT # L20415

1. Entity Name
CL AIRCRAFT XXXIV, INC.

Principal Place of Business

**C/O UNICAPITAL CORPORATION
 10800 BISCAYNE BLVD. STE 800
 MIAMI FL 33161
 US**

Mailing Address

**C/O UNICAPITAL CORPORATION
 10800 BISCAYNE BLVD. STE 800
 N. MIAMI FL 33161
 US**



2. Principal Place of Business

C/O UNICAPITAL CORPORATION

3. Mailing Address

C/O UNICAPITAL CORPORATION

Suite, Apt. #, etc.

20801 Biscayne Blvd. Ste. 403

Suite, Apt. #, etc.

20801 Biscayne Blvd. Ste 403

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. FEI Number

65-0149450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SKYWATCH REGISTERED AGENTS, INC.
 10800 BISCAYNE BLVD., LAW DEPT.
 SUITE 800
 MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name
SKYWATCH REGISTERED AGENTS, INC.
 Street Address (P.O. Box Number is Not Acceptable)
20801 Biscayne Blvd.
Suite 403
 City **Aventura** **FL** Zip Code **33180**

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

TITLE **PD** ☒ Delete
 NAME **BRIDDELL, E TALBOT**
 STREET ADDRESS **10800 BISCAYNE BLVD., SUITE 800**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE **VT** ☐ Delete
 NAME **CHAIT, DANIEL**
 STREET ADDRESS **10800 BISCAYNE BLVD., SUITE 800**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE **V** ☐ Delete
 NAME **SHERMAN, STEVEN**
 STREET ADDRESS **10800 BISCAYNE BLVD., SUITE 800**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE **V** ☒ Delete
 NAME **VORRATH, DAVID**
 STREET ADDRESS **10800 BISCAYNE BLVD, STE 800**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE **S** ☒ Delete
 NAME **KALB, MARTIN**
 STREET ADDRESS **10800 BISCAYNE BLVD, STE 800**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE **AS** ☒ Delete
 NAME **TRIMMER, TERI**
 STREET ADDRESS **10800 BISCAYNE BLVD., SUITE 800**
 CITY-ST-ZIP **MIAMI FL 33161**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR, PRESIDENT** ☐ Change ☐ Addition
 NAME **ANTHONY M. HAGEN**
 STREET ADDRESS **2059 Northlake Parkway**
 CITY-ST-ZIP **Tucker, GA 30084**

TITLE ☒ Change ☐ Addition
 NAME **20801 Biscayne Blvd., Ste. 403**
 STREET ADDRESS **Aventura, FL 33180**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **20801 Biscayne Blvd., Ste. 403**
 STREET ADDRESS **Aventura, FL 33180**
 CITY-ST-ZIP

TITLE **NON-EXECUTIVE EMPLOYEE** ☐ Change ☒ Addition
 NAME **RICHARD CANNON**
 STREET ADDRESS **20801 Biscayne Blvd., Ste. 403**
 CITY-ST-ZIP **Aventura, FL 33180**

TITLE **CFO, TREASURER** ☐ Change ☒ Addition
 NAME **ROBERT KEVES**
 STREET ADDRESS **2059 Northlake Parkway**
 CITY-ST-ZIP **Tucker, GA 30084**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **MARK ANDERSON**
 STREET ADDRESS **2059 Northlake Parkway**
 CITY-ST-ZIP **Tucker, GA 30084**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02

CR2E034 (9/01)