

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000000517

1. Entity Name
INTERNATIONAL AVIATION PARTNERS EUROPE, L.C.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Principal Place of Business
1900 GLADES ROAD, SUITE 300
BOCA RATON FL 33431

Mailing Address
1900 GLADES ROAD, SUITE 300
BOCA RATON FL 33431-7333



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0837957

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNNE K. HENNESSEY, P.A.
2255 GLADES ROAD
ONE BOCA PLACE, ATRIUM 226
BOCA RATON FL 33431

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME BACHRACH, FABIAN C
STREET ADDRESS 1900 GLADES ROAD, SUITE 300
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *rf 3/14/00*

TITLE MGR
NAME FARRELL, JOSEPH P
STREET ADDRESS 1900 GLADES ROAD, SUITE 300
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/24/00

Date

561-392-2400

Daytime Phone #

CR2E083 (9/99)