

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 APR 26 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0014374  
AF

DOCUMENT # **L98000000517**

1. Entity Name

**INTERNATIONAL AVIATION PARTNERS EUROPE, L.C.**

Principal Place of Business

**1900 GLADES ROAD, SUITE 300  
BOCA RATON FL 33431**

Mailing Address

**1900 GLADES ROAD, SUITE 300  
BOCA RATON FL 33431**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0837957**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

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

## 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.

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **000004191930--9**  
CITY-ST-ZIP **-05/09/01--01135--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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

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

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/01

561.392.2400

CR2E083 (11/00)