

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003145

1. Entity Name  
EMF AVIATION I, LLC

Principal Place of Business  
C/O ALAN W. LEVINE, ESQ.  
1110 BRICKELL AVENUE, 7TH FLOOR  
MIAMI FL 33131

Mailing Address  
C/O ALAN W. LEVINE, ESQ.  
1110 BRICKELL AVENUE, 7TH FLOOR  
MIAMI FL 33131

FILED

2001 MAY 10 AM 8:33

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

LEVINE, ALAN W  
LEVINE AND PARTNERS, P.A.  
1110 BRICKELL AVENUE, 7TH FLOOR  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Esteban Fraga  
Street Address (P.O. Box Number is Not Acceptable): 2321 NW 55th Court  
Hangar #18  
City: FT Lauderdale FL Zip Code: 33309

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]

DATE: 04-28-01

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

000004418780--5  
-06/14/01--01006--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVINE, ALAN W 1110 BRICKELL AVENUE, 7TH FLOOR MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

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