

2001 UNIFORM BUSINESS REPORT (UBR)

0000078 AF

DOCUMENT # L98000003209

1. Entity Name
EMF AVIATION II, LLC

FILED

2001 MAY 10 AM 8:33

DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

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

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LEVINE, ALAN W ESQ. LEVINE & PARTNERS, P.A. 1110 BRICKELL AVENUE, 7TH FLOOR MIAMI FL 33131		7. Name and Address of New Registered Agent Name: <u>Esteban Fraga</u> Street Address (P.O. Box Number is Not Acceptable) City: <u>FL</u> Zip Code: <u>04-28-01</u>	
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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

(NOTE: Registered Agent signature required when reinstating)

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

600004418786--6
-06/14/01--01006--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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] DATE: 04-28-01

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

CR2E083 (11/00)