

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006903

1. Entity Name
AIRCRAFT LEASING OF BOCA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 25 PM 2:59

Principal Place of Business
2499 GLADES RD
STE 101
BOCA RATON FL 33431

Mailing Address
2499 GLADES RD
STE 101
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2345 W. MAYA PALM DR
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 812518
Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33432

Country
USA

Zip
FL 33481

Country
USA

4. FEJ Number
65-0965630

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MARKS, JEFFREY
2499 GLADES ROAD
STE 101
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND RD.
City
Plantation
FL
Zip Code
33304

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
L. Ray - PARTNER
LAWRENCE RAYMAN 8/21/00

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/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER/MANAGER LAWRENCE RAYMAN 2345 W. MAYA PALM DR BOCA RATON, FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER/MANAGER BIRGITTA RAYMAN 2345 W. MAYA PALM DR BOCA RATON, FL 33432	<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 REQUIRED

8/21/00

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

Date

Daytime Phone #

CR2E083 (5/00)