

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M43859

1. Entity Name

AEROLEASE INTERNATIONAL, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90098 033 ***150.00

Principal Place of Business

Mailing Address

6303 BLUE LAGOON DR STE 380
FL 33126

6303 BLUE LAGOON DR STE 380
MIAMI FL 33126-6005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2752063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AEROLEASE CORPORATION
6303 BLUE LAGOON DRIVE
SUITE 380
MIAMI FL 33126

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

9. This corporation is eligible to satisfy its Intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11.

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDBERG, MICHAEL A.	
STREET ADDRESS	6303 BLUE LAGOON DRIVE, #380	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GOLDBERG, ANA	
STREET ADDRESS	6303 BLUE LAGOON DRIVE, #380	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CORLEY, TIM	
STREET ADDRESS	4951 RIVERA DR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	WEISEN, ARTHUR	
STREET ADDRESS	16725SW 82ND CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Art Weisen

1/17/00

305-261-8900

CR2E034 (9/99)