

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014394 AF

**DOCUMENT # M98000001547****1. Entity Name**  
**NATIONAL AIRCRAFT SALES & LEASING, LLC****FILED****01 JAN 17 PM 2:07****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA****Principal Place of Business**  
**4210 N.W. 24TH WAY**  
**BOCA RATON FL 33431****Mailing Address**  
**4210 N.W. 24TH WAY**  
**BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** **65-0928429**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MORRIS, STANFORD**  
**4210 N.W. 24TH WAY**  
**BOCA RATON FL 33431**

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS/MEMBERS****10. ADDITIONS/CHANGES****TITLE** **MGRM** ☐ Delete  
**NAME** **MORRIS, STANFORD**  
**STREET ADDRESS** **4210 NW 24TH WAY**  
**CITY-ST-ZIP** **BOCA RATON FL 33431**☐ Change ☐ Addition  
**3000003567819--3**  
**-01/23/01--01068--010**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**☐ Change ☐ Addition  
**TITLE**  
**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 #

CR2E083 (11/00)