

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90411 013 ***150.00

DOCUMENT # M98525

1. Entity Name
ESQUIRE AVIATION, INC.

Principal Place of Business % STEVEN I. PERETZ 201 S. BISCAYNE BLVD., SUITE 1700 MIAMI FL 33131	Mailing Address % STEVEN I. PERETZ 201 S. BISCAYNE BLVD., SUITE 1700 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 1348 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1348 Suite, Apt. #, etc.
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City & State KEY BISCAYNE FL	City & State KEY BISCAYNE FL
Zip 33149	Country USA
Zip 33149	Country USA

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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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

**MIAMI CENTER REGISTERED AGENTS, INC
 201 S.BISCAYNE BLVD.
 SUITE 1700
 MIAMI FL 33131**

Name JOEL M. GAULKER Esq.
Street Address (P.O. Box Number is Not Acceptable) 4627 PONCE DE LEON BLVD
2nd Floor
City CORAL GABLES
FL Zip Code 33146

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 *J.M. Gauller Esq.* DATE 4-18-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

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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 checked="" type="checkbox"/> Addition
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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: *J.M. Gauller Esq.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/13/01 Daytime Phone # 305-365-9291

CR2E034 (10/00)