

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** P00000064791**1. Entity Name**

Aviation Capital Leasing, Inc.

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90281 034 ***150.00

Principal Place of Business
8885 Southwest 78th Court
Miami, FL 33156
Mailing Address
8885 Southwest 78th Court
Miami, FL 33156**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number☒ **Applied For**
☐ **Not Applicable****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

00055667

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**Roberto A. Torricella, Jr.
4300 NationsBank Tower
100 Southeast Second Street
Miami, FL 33131

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, 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**TITLE PD ☐ Delete
NAME Leonard Simkovitz
STREET ADDRESS 8885 Southwest 78th Court
CITY-ST-ZIP Miami, FL 33156TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP**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 empowerment.****SIGNATURE:** Leonard Simkovitz, President/Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR05/01/01
Date

Daytime Phone #

CR2E034 (11/00)