

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90020 005 \*\*\*550.00

**DOCUMENT # P00000087492**

1. Entity Name

**WHITEHALL AVIATION LEASING, INC.**

Principal Place of Business

Mailing Address

~~POST OFFICE BOX 51-1035~~  
**MIAMI, FL 33152**

~~POST OFFICE BOX 51-1035~~  
**MIAMI, FL 33152**

2. Principal Place of Business

**7500 NW 25th Street**

3. Mailing Address

**7500 NW 25th Street**

Suite, Apt. #, etc.

**suite #209**

Suite, Apt. #, etc.

**Suite #209**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33122**

Country

**USA**

Zip

**33122**

Country

**USA**

6. Name and Address of Current Registered Agent

**VILLANUEVA, SCOTT G**

**7500 N W 25TH STREET**

**SUITE 209**

**MIAMI FL 33122**

7. Name and Address of New Registered Agent

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE NAME **Richard Haberly - PD** ☐ Delete  
 STREET ADDRESS **7500 NW 25th Street, Suite 209**  
 CITY-ST-ZIP **MIAMI, FL 33122**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
 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 empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

0045685 AV