## 2003 FOR PROFIT CORPORATION

## FILED Feb 12, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State P00000087492 **DOCUMENT #** 02-12-2003 90102 048 \*\*\*150 00 1. Entity Name WHITEHALL AVIATION LEASING, INC. Mailing Address Principal Place of Business 801 BRICKELL AVENUE 801 BRICKELL AVENUE SHITE 510 SUITE 510 MIAMI FL 33131 **MIAMI FL 33131** Mailing Address 2. Principal Place of Business OSTOPPICE BOX Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES MIAM Applied For 4. FEI Number City & State NOT APPLICABLE Not Applicable \$8,75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VILLANUEVA. SCOTT G Street Address (P.O. Box Number is Not Acceptable) **801 BRICKELL AVENUE SUITE 510** Zip Code **MIAMI FL 33131** City 8. The above named entity submits this statement for the gurpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regis SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. SecreTARY Change TITLE ☐ Delete TITLE NAME BARBARA HABERLY, RICHARD NAME 482 TIMBERLEALAKE DR MARIETTA GA 30067 STREET ADDRESS 801 BRICKELL AVENUE, SUITE 510 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition Delete TITLE

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. changed, or on an attachme

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP