

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
 03-05-2002 90073 047 ***150.00

CR2E034 (9/01)

DOCUMENT # P00000102705

1. Entity Name
OPA AIR SALES AND LEASING, INC.

Principal Place of Business
**817 NW 1ST STREET
 FORT LAUDERDALE FL 33311**

Mailing Address
**817 NW 1ST STREET
 FORT LAUDERDALE FL 33311**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3170 Airmans Dr
 Suite, Apt. #, etc.

3. Mailing Address
3170 Airmans Dr.
 Suite, Apt. #, etc.

City & State
Fort Pierce, FL
 Zip **34946** Country

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Fort Pierce, FL
 Zip **34946** Country

4. FEI Number **65-1055622**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BELGAU, JEANNE
 817 NW 1ST STREET
 FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
3170 Airmans Dr.
Fort Pierce, FL 34946
 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 *Jeane Belgau*
 Signature, typed or printed name of registered agent and title if applicable.

Jeane Belgau
 (NOTE: Registered Agent signature required when reinstating)

2/19/02
 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, 2002 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

TITLE **PD** ☐ Delete
 NAME **BELGAU, JEANNE**
 STREET ADDRESS **817 NW 1ST STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **VP** ☐ Delete
 NAME **BELGAU, ROBERT J**
 STREET ADDRESS **817 NW 1ST STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *Jeane Belgau*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeane Belgau
 Date

2/19/02 *561-464-4567*
 Daytime Phone #