FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90240 016 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116134

1. Entity Name
Performance Aero Leasing INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2310 NW 55th Court	2310 NW 55th Court
Suite, Apt. #, etc. 120	Suite, Apt. #, etc. 120
City & State Fort Lauderdale FL	City & State Fort Lauderdale, FL
Zip 33309 Country	Zip 33309 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1060372 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent:

Name: Carolyn Stash

Street Address (P.O. Box Number is Not Acceptable): 2257 NE 25th St

City: Lighthouse Point FL Zip Code: 33064

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: Carolyn Stash
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / STREET ADDRESS / CITY-ST-ZIP	Pres Carolyn Stash 2257 NE 25th St Lighthouse Point fl 33064
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn Stash CAROLYN STASH 4-24-02 954 485 9910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #