

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91062 021 ***150.00

DOCUMENT # **P01000101118**

1. Entity Name

**FLY RIGHT AIRCRAFT Sales
and Service**



DO NOT WRITE IN THIS SPACE

90099780

2. Principal Place of Business

691 RANCH ROAD

Suite, Apt. #, etc.

3. Mailing Address

691 RANCH ROAD

Suite, Apt. #, etc.

City & State

Weston Florida

City & State

Weston Florida

Zip

33326

Country

USA

Zip

33326

Country

USA

4. FEI Number

37-1422391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LESHIN IRA

Street Address (P.O. Box Number is Not Acceptable)

691 RANCH ROAD

City

Weston

FL

Zip Code

33326

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

**IRA Leshin
691 RANCH ROAD
Weston, Fla 33326**

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

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CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03

Date

9543899041

Daytime Phone #

CR2E034B (12/02)