

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90068 021 ***150.00

DOCUMENT # P01000113392

1. Entity Name

GALAXY AVIATION OF ORLANDO, INC.

Principal Place of Business

**1900 GLADES ROAD SUITE 245
BOCA RATON FL 33431**

Mailing Address

**1900 GLADES ROAD SUITE 245
BOCA RATON FL 33431**

2. Principal Place of Business

4250 Express Street

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL 32827

City & State

Orlando, FL 32827

4. FEI Number

65-1158146

Applied For

Not Applicable

Zip

32827

Country

USA

Zip

32827

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRESLOW, RICHARD H
1900 GLADES ROAD SUITE 245
BOCA RATON FL 33431**

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 \$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 ☐ Delete
NAME **CEO**
STREET ADDRESS **GREENBERG, MARTIN F**
CITY-ST-ZIP **1900 GLADES ROAD SUITE 245
BOCA RATON FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **COB**
STREET ADDRESS **Greenberg, Martin F.**
CITY-ST-ZIP **1900 Glades Road Suite 245
Boca Raton, FL 33431**

TITLE ☐ Change ☒ Addition
NAME **P**
STREET ADDRESS **Wantshouse, Mark**
CITY-ST-ZIP **3700 Airport Road
Boca Raton, FL 33431**

TITLE ☐ Change ☒ Addition
NAME **COO**
STREET ADDRESS **Kaplan, Donald**
CITY-ST-ZIP **4250 Express Street
Orlando, FL 32827**

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **Lehmann, Mark**
CITY-ST-ZIP **4250 Express Street
Orlando, FL 32827**

TITLE ☐ Change ☒ Addition
NAME **CFOS**
STREET ADDRESS **Faren, Michael S.**
CITY-ST-ZIP **1900 Glades Road Suite 245
Boca Raton, FL 33431**

TITLE ☐ Change ☐ Addition
NAME
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:

Martin F. Greenberg
Chairman of the Board

4/22/02

(561)347-8585

Date

Daytime Phone #

CR2E034 (9/01)