2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

1. Entity Name

P02000122584

FILED May 19, 2003 8:00 am Secretary of State

04-28-2003 90197 019 ***150.00

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PHOENIX AIRCRAFT LEASING, INC. 55042146 Principal Place of Business Mailing Address 7840 NW 67TH STREET 7840 NW 67TH STREET MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 462-155 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOCKMAN, PETER ESQ. Street Address (P.O. Box Number is Not Acceptable) 550 BILTMORE WAY SUITE 780 CORAL GABLES FL 33134 City 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. 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) TITLE ☐ Delete TITLE Change President James A. Bryan, Jr. NAME STREET ADDRESS STREET ADDRESS 7840 N.W. 78th Street CITY-ST-7IP CITY-ST-ZIE Miami, $\mathbf{F1}$ 33166 Addition TITLE ☐ Delete TITLE Change Secretary NAME James A. Bryan, IIII STREET ADDRESS STREET ADDRESS 7840 N.W. 78th street CITY-ST-71P CITY-ST-7IP <u>Miami.</u> <u> 33166</u> TITLE TITLE Delete ☐ Change Addition Treasurer NAME NAME Scott W. Bryan STREET ADDRESS STREET ADDRESS 7840 N.W. 78th Street CITY-ST-ZIP CITY-ST-ZIP 33166 Fl ☐ Change ■ Addition TITLE me, ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CCTY-ST-7IP

12. I hereby 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 path; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an agdress, with all other the empowered.

SIGNATURE: