

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2000 08:00 AM

Secretary of State

DOCUMENT # P31193

1. Entity Name  
AIRCRAFT 46941, INC.

Principal Place of Business C/O UNICAPITAL CORPORATION 10800 BISCAYNE BLVD., STE. 800 MIAMI 33161 FL	Mailing Address C/O UNICAPITAL CORPORATION 10800 BISCAYNE BLVD., STE. 800 MIAMI 33161 FL
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2. Principal Place of Business C/O UNICAPITAL CORPORATION	3. Mailing Address C/O UNICAPITAL CORPORATION
Suite, Apt. #, etc. 10800 BISCAYNE BLVD., STE. 800	Suite, Apt. #, etc. 10800 BISCAYNE BLVD., STE. 800

City & State MIAMI FL	City & State MIAMI FL
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Zip 33161	Country US	Zip 33161	Country US
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4. FEI Number 65-0216715	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD.  PLANTATION 33324 US FL	7. Name and Address of New Registered Agent Name SKYWATCH REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 10800 BISCAYNE BLVD., LAW DEPT. SUITE 800 City MIAMI FL Zip Code 33161
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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 <b>JANINE E. COX, ASST. SECRETARY</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE 03/02/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAIT DANIEL 10800 BISCAYNE BLVD. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THORNTON SAM 1900 SUMMIT TOWER BLVD., SUITE 860 ORLANDO FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO LIPPMAN WAYNE 10800 BISCAYNE BLVD. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THORNTON JEP 1900 SUMMIT TOWER BLVD., SUITE 860 ORLANDO FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV LIPPMAN WAYNE 10800 BISCAYNE BLVD. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIPPMAN WAYNE 10800 BISCAYNE BLVD., SUITE 800 MIAMI FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NEW JONATHAN 10800 BISCAYNE BLVD. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAUFF STUART 10800 BISCAYNE BLVD., SUITE 800 MIAMI FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC NEW ROBERT J 10800 BISCAYNE BLVD. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NEW JONATHAN 10800 BISCAYNE BLVD., SUITE 800 MIAMI FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP CAUFF, STUART L. 10800 BISCAYNE BLVD. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD NEW ROBERT J 10800 BISCAYNE BLVD., SUITE 800 MIAMI FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 KALP  
EVS 03/02/2000

**RICHARD C. GILES, VICE PRESIDENT  
33 BLEEKER STREET**

**MILLBURN, NJ 07041**

**TERI M. TRIMMER, ASST. SECRETARY  
10800 BISCAYNE BLVD., SUITE 800**

**MIAMI, FL 33161**

**C. DERYL COUCH, ASST. SECRETARY  
10800 BISCAYNE BLVD., SUITE 800**

**MIAMI, FL 33161**

**MARTIN KALB, EVP & SECRETARY  
10800 BISCAYNE BLVD., SUITE 800**

**MIAMI, FL 33161**

**DAVID VORRATH, VICE PRESIDENT  
10800 BISCAYNE BLVD., SUITE 800**

**MIAMI, FL 33161**

**DANIEL CHAIT, VICE PRESIDENT  
10800 BISCAYNE BLVD., SUITE 800**

**MIAMI, FL 33161**