

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 14, 2000 08:00 AM****Secretary of State****DOCUMENT # P92000001134****1. Entity Name**

CAUFF, LIPPMAN AVIATION, INC.

Principal Place of BusinessC/O UNICAPITAL CORP
10800 BISCAYNE BLVD. STE 800
MIAMI FL 33161**Mailing Address**C/O UNICAPITAL CORP
10800 BISCAYNE BLVD. STE 800
N. MIAMI FL 33161**2. Principal Place of Business**

C/O UNICAPITAL CORP

3. Mailing Address

C/O UNICAPITAL CORP

Suite, Apt. #, etc.

10800 BISCAYNE BLVD. STE 800

Suite, Apt. #, etc.

10800 BISCAYNE BLVD. STE 800

City & State

MIAMI FL

City & State

MIAMI FL

Zip
33161**Country**
US**Zip**
33161**Country**
US**4. FEI Number**

65-0373549

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324 US**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

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 **JANINE E. COX, ASST. SECRETARY****04/14/2000**

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, 2000 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
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME DPT CAUFF STUART
STREET ADDRESS 9420 SW 77 AVE
CITY-ST-ZIP MIAMI FL 33156TITLE ☐ Delete
NAME D NEW ROBERT J
STREET ADDRESS 10800 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33161**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☒ Addition
NAME V VORRATH DAVID
STREET ADDRESS 10800 BISCAYNE BLVD., SUITE 800
CITY-ST-ZIP MIAMI FL 33161TITLE ☐ Change ☒ Addition
NAME V CHAIT DANIEL
STREET ADDRESS 10800 BISCAYNE BLVD., SUITE 800
CITY-ST-ZIP MIAMI FL 33161TITLE ☐ Change ☒ Addition
NAME VCOO LIPPMAN WAYNE
STREET ADDRESS 10800 BISCAYNE BLVD., SUITE 800
CITY-ST-ZIP MIAMI FL 33161TITLE ☐ Change ☒ Addition
NAME PCEO CAUFF STUART
STREET ADDRESS 10800 BISCAYNE BLVD., SUITE 800
CITY-ST-ZIP MIAMI FL 33161TITLE ☒ Change ☐ Addition
NAME VT NEW JONATHAN
STREET ADDRESS 10800 BISCAYNE BLVD., SUITE 800
CITY-ST-ZIP MIAMI FL 33161TITLE ☒ Change ☐ Addition
NAME CD NEW ROBERT J
STREET ADDRESS 10800 BISCAYNE BLVD., SUITE 800
CITY-ST-ZIP MIAMI FL 33161

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

VS

04/14/2000

RICHARD 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