

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91588 010 ***150.00

0255724 AV

DOCUMENT # P92000001134

1. Entity Name
CAUFF, LIPPMAN AVIATION, INC.

Principal Place of Business

**C/O UNICAPITAL CORP
 10800 BISCAYNE BLVD. STE 800
 MIAMI FL 33161
 US**

Mailing Address

**C/O UNICAPITAL CORP
 10800 BISCAYNE BLVD. STE 800
 MIAMI FL 33161
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

40 UNICAPITAL CORPORATION

Suite, Apt. #, etc.

20801 Biscayne Blvd. Ste 403

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Address

40 UNICAPITAL CORPORATION

Suite, Apt. #, etc.

20801 Biscayne Blvd. Ste 403

City & State

Aventura, FL

Zip

33180

Country

USA

4. FEI Number

65-0373549

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SKYWATCH REGISTERED AGENTS, INC.
 10800 BISCAYNE BLVD., LAW DEPT.
 SUITE 800
 MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name

SKYWATCH REGISTERED AGENTS, INC

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

20801 Biscayne Blvd.

Suite 403

City

Aventura

FL

Zip Code

33180

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	CPD	<input checked="" type="checkbox"/> Delete
NAME	BRIDDELL, E. T	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CHAIT, DANIEL M	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VORRATH, DAVID	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHERMAN, STEVE	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KALB, MARTIN	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	TRIMMER, TERI M	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR, PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY M. HAGEN	
STREET ADDRESS	2059 Northlake Parkway	
CITY-ST-ZIP	Tucker, GA 30084	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20801 Biscayne Blvd., Suite 403	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	NON-EXECUTIVE EMPLOYEE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD CANNON	
STREET ADDRESS	20801 Biscayne Blvd., Ste. 403	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20801 Biscayne Blvd., Suite 403	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	TREASURER, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT KEYES	
STREET ADDRESS	2059 Northlake Parkway	
CITY-ST-ZIP	Tucker, GA 30084	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARC ANDERSON	
STREET ADDRESS	2059 Northlake Parkway	
CITY-ST-ZIP	Tucker, GA 30084	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/12

CR2E034 (9/01)