

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 25 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000001134
1. Entity Name CAUFF, LIPPMAN AVIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7101 S.W. 102 AVE Suite, Apt. #, etc.	3. Mailing Address 401 N TRYON ST Suite, Apt. #, etc.
City & State MIAMI FL	City & State CHARLOTTE NC
Zip 33173	Zip 28255
Country	Country MECKLENBURG

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0373549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
SKYWATCH REGISTERED AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable)
20801 Biscayne Blvd
Suite #430
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. 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)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR / PRES Anthony M. Hagen NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sr. V.P. Greg S. Mroz
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Christine M. Costamagna
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Robert A. Keyes, Jr.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Greg S Mroz **GREG S. MROZ, Sr. V.P.** **9- 9 -03 704-386-1190**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**