## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # **P95000022555**1. Entity Name ADLER AVIATION, INCORPORATED

## **FILED** Feb 15, 2001 8:00 am Secretary of State 02-15-2001 90020 012 \*\*\*158.75

Principal Plac	ce of Busines	S										
3462 SW 154TH COURT MIAMI FL 33185 US			PO BOX 661159 MIAMI SPRINGS FL 33266-1159 US				4 TAIOA					
2. Principal F	Place of Busin	ness	3. Mailing Address									
						_	1 [201100] [				., .,,,,,,	IBI 9111 1851
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WE	RITE IN TH	IS SPAC	E	
City & State			City & State			4.	FEI Number	65-05797	22	,	<u> </u>	plied For t Applicable
Zip		Country	Zip	Cour	ntry	5.	Certificate of	Status Desired	N		75 Add Required	
	6. Name	and Address of Current	Registered Agent		1	7.	Name and A	dress of New	Registere			
1					Name							
ADLER, DELMER C 3462 SW 154TH COURT					Street Address (P.O. Box Number is Not Acceptable)							
MAIM	MI FL 33185	5			City					••   5	ip Code	
					City				F		.ip Code	, 
8. The above	•	y submits this statement for	the purpose of changing its	register	ed office or regis	stered aç	gent, or both,	in the State of I	Florida.			
OIGH, TOTIL	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	ed Agent signature requ	uired when r	reinstating)		DAT	E		
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 \$150.0 After MAY 1, 2001 Fee will be \$55 Make Check Payable to Department					on Campaign F Fund Contribut			<b>\$5.0</b> ( Added	<b>0</b> May Be to Fees
11.		OFFICERS AND	DIRECTORS	12.		ΑĽ	DDITIONS/CH	IANGES TO OF	FICERS A	ND DIRE	CTORS	IN 11
TITLE	DP		☐ Delete	TITL	E						Change	☐ Addition
NAME	ADLER, D			NAM	<b>I</b>							
STREET ADDRESS CITY-ST-ZIP		154TH COURT			EET ADDRESS '-ST-ZIP							
TITLE	MIAMI.FL	.33185	Delete	TITL							Change	☐ Addition
NAME	DS Adler, O	NEIDA C	C Detele	NAM	l l					Ц,	manys	Addition
STREET ADDRESS		154TH COURT		STR	EET ADDRESS							·
CITY-ST-ZIP	MIAMI FL			CITY	'-ST-ZIP							
TITLE			☐ Delete	TITL	E						Change	Addition
NAME				NAM	IE EET ADDRESS							
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CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE			☐ Delete	TITL							Change	Addition
NAME Street address				NAM STRE	E ADDRESS							
CITY-ST-ZIP					-ST-ZIP							
TITLE			☐ Delete	TITLE	<del></del>					П	hange	☐ Addition
NAME				NAM	1					_ `	<b>~</b> -	
STREET ADDRESS	ı				ET ADDRESS							
CITY-ST-ZIP		<del></del> ,			-ST-ZIP							
<ol> <li>I hereby of indicated of the corporated.</li> </ol>	certify that the on this report poration or th or on an atta	information supplied with tor supplemental report is e receiver trustee empor chment with an address. w	this filing does not qualify for true and accurate and that m were the elecute this report a lith all other lift impowered.	the exe ny signat as requi	mption stated in ture shall have th red by Chapter 6	Section ne same 807, Flori	119.07(3)(i), F legal effect as da Statutes; a	Florida Statutes s if made unde and that my nar	s. I further or r oath; that me appear	certify the Lam an s in Bloc	at the int officer o k 11 or	formation or director Block 12 if

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Feb. 11, 2001 305-226-233