

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000054201**1. Entity Name
AIRCRAFT 49632, 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**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-0595374**

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 US**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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)

04/18/2001

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V	Delete
NAME	LIPPMAN WAYNE	<input type="checkbox"/>
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	V	Delete
NAME	CAUFF STUART	<input type="checkbox"/>
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	V	Delete
NAME	THORNTON JEP	<input type="checkbox"/>
STREET ADDRESS	1900 SUMMIT TOWER BLVD., SUITE 860	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	V	Delete
NAME	THORNTON SAM	<input type="checkbox"/>
STREET ADDRESS	1900 SUMMIT TOWER BLVD., SUITE 860	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	VT	Delete
NAME	NEW JONATHAN	<input type="checkbox"/>
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	CPD	Delete
NAME	NEW ROBERT J	<input type="checkbox"/>
STREET ADDRESS	10800 BISCAYNE BLVD. STE 800	
CITY-ST-ZIP	MIAMI FL 33161	

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

AS

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)