

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004901

1. Entity Name

INDIGO AIRLEASE CORPORATION

Principal Place of Business

100 NE 3RD AVE
STE 800
FT LAUDERDALE FL 33301
US

Mailing Address

100 NE 3RD AVE
STE 800
FT LAUDERDALE FL 33301-1156
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0728172

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINOGRAD, BRAD
100 NE 3RD AVE
STE 800
FT LAUDERDALE FL 33301

Name Caryl Ben Basat

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

100 NE 3RD Ave

Suite 800

City

Ft. Lauderdale

FL

Zip Code
33301

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

Caryl Ben Basat, Caryl Ben Basat, Registered Agent & Secretary April 19, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GRANLUND, KARL A	
STREET ADDRESS	SODRA FORSTADSGATAN	
CITY-ST-ZIP	S-211 43 MALMO SE	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EVANS, JOHN	
STREET ADDRESS	100 NE 3RD AVE, STE 800	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	EVPT	<input checked="" type="checkbox"/> Delete
NAME	WINOGRAD, BRAD	
STREET ADDRESS	100 NE 3RD AVE, STE 800	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BASAT, CARYL BEN	
STREET ADDRESS	100 NE 3RD AVE, STE 800	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCHESENEY, ARTHUR D	
STREET ADDRESS	100 NE 3RD AVE, STE 800	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	DROBNICH, JOSEPH F	
STREET ADDRESS	100 NE 3RD AVE, STE 800	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Israel Padron	
STREET ADDRESS	100 NE 3rd Ave Ste 800	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Israel Padron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Apr 00

954-760-7777

Date

Daytime Phone #

CR2E034 (9/99)