## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P97000021815 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name PRESIDENTIAL AVIATION LEASING, INC. 04-24-2000 90145 022 \*\*\*150.00 Principal Place of Business Mailing Address 1515 NW 167TH ST #110-W 1515 NW 167TH ST #110-W MIAMI FL 33169 MIAMI FL 33169-5132 HS 3. Mailing Address 2. Principal Place of Business ElSI Peters 1575 W. Commercial 13100 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Sile 3300 ~ <del>1</del>0 Applied For City & State 4. FEI Number City & State 65-0740798 Not Applicable Plantation Zip Country \$8.75 Additional Country 5. Certificate of Status Desired AZO 33324 Fee Required 53309 <u> 25</u>A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPARKMAN, KENDALL Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD. **SUITE 2500** MIAMI FL 33131-2336 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change 2 ☐ Addition TITLE ☐ Delete TITLE GORDON, MARK NAME NAME 8151 Peters Road Sile 3300 STREET ADDRESS 1505 NW 167TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 Plantation, FL 3332 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it 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 impowered it execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied

四向后行 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #

indicated on this report or supplement of the corporation or the receiver or tri changed, or on an attachment with