

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021815

1. Entity Name

PRESIDENTIAL AVIATION LEASING, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90204 011 ***150.00

Principal Place of Business 1575 W COMMERCIAL BLVD STE 111 FORT LAUDERDALE FL 33309 US	Mailing Address 8151 PETERS RD STE 3300 PLANTATION FL 33324 US
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2. Principal Place of Business 1725 NW 51 Place	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

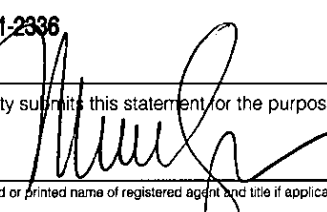
City & State Ft. Lauderdale, FL	City & State
Zip 33309	Country USA

4. FEI Number 65-0740798	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPARKMAN, KENDALL 200 SOUTH BISCAYNE BLVD. SUITE 2500 MIAMI FL 33131-2336

7. Name and Address of New Registered Agent Name Presidential Suites, Ltd. Street Address (P.O. Box Number is Not Acceptable) 8151 Peters Road Suite 3300 City Plantation FL Zip Code 33324

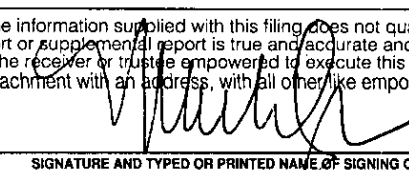
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE  Mark T. Gordon President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐	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
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D GORDON, MARK 8151 PETERS RD STE 3300 PLANTATION FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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
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SIGNATURE: 	4/13/01	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/00)