

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90161 035 \*\*\*158.75

**DOCUMENT # P97000072190**

1. Entity Name

**AVIATION ASSET MANAGEMENT, INC.**

Principal Place of Business

1515 N.W. 167TH STREET  
 SUITE 110-B  
 MIAMI FL 33169-5132  
 US

Mailing Address

1515 N.W. 167TH STREET  
 SUITE 110-B  
 MIAMI FL 33169-5132  
 US

2. Principal Place of Business

12002 Miramar Parkway  
 Suite, Apt. #, etc.

3. Mailing Address

12002 Miramar Parkway  
 Suite, Apt. #, etc.

City & State

Miramar, Florida

City & State

Miramar, Florida

Zip

33025-7000

Country

Broward

Zip

33025-7000

Country

Broward

4. FEI Number

65-0775525

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

VERMILLION, ROBERT C  
 1515 N.W. 167TH STREET  
 SUITE 110-B  
 MIAMI FL 33169

7. Name and Address of New Registered Agent

Name  
 Robert C. Vermillion  
 Street Address (P.O. Box Number is Not Acceptable)  
 12002 Miramar Parkway  
 City  
 Miramar FL Zip Code  
 33025-7000

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

RC Vermillion, President.

4/11/01

Signature, typed or printed name of registered agent and officer, applicable.

(NOTE: Registered Agent signature required when re-stating.)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	VERMILLION, ROBERT C	
STREET ADDRESS	9 MIDDLESEX DRIVE	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAUSCH, DANIEL H	
STREET ADDRESS	1515 NW 167HT ST, STE#110-B	
CITY-ST-ZIP	MIAMI FL 33169-5132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12002 Miramar Parkway	
CITY-ST-ZIP	Miramar, Florida 33025-7000	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)