

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
 05-30-2002 91588 014 ***150.00

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DOCUMENT # P98000028597

1. Entity Name
AIRCRAFT 23345, INC.

Principal Place of Business UNICAPITAL CORPORATION 10800 BISCAYNE BLVD. STE 800 MIAMI FL 33161 US	Mailing Address UNICAPITAL CORPORATION LAW DEPT. 10800 BISCAYNE BLVD. STE 800 MIAMI FL 33161 US
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2. Principal Place of Business c/o UNICAPITAL CORP. Suite, Apt. #, etc. 20801 Biscayne Blvd., Ste. 403 City & State Aventura, FL Zip 33180 Country USA	3. Mailing Address c/o UNICAPITAL CORP Suite, Apt. #, etc. 20801 Biscayne Blvd., Ste. 403 City & State Aventura, FL Zip 33180 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0823633	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SKYWATCH REGISTERED AGENTS, INC. 10800 BISCAYNE BLVD., LAW DEPT. #800 MIAMI FL 33161	7. Name and Address of New Registered Agent Name SKYWATCH REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 20801 Biscayne Blvd. Suite 403 City Aventura FL Zip Code 33180
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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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BRIDDELL, E. T 10800 BISCAYNE BLVD., #800 MIAMI FL 33161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, PRESIDENT ANTHONY M. HAGEN 2059 Northlake Parkway Tucker, GA 30084 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CHAIT, DANIEL M 10800 BISCAYNE BLVD., #800 MIAMI FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20801 Biscayne Blvd., Ste. 403 Aventura, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHERMAN, STEVE 10800 BISCAYNE BLVD., #800 MIAMI FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20801 Biscayne Blvd., Ste. 403 Aventura, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VORRATH, DAVID 10800 BISCAYNE BLVD., #800 MIAMI FL 33161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NON-EXECUTIVE EMPLOYEE RICHARD CANNON 20801 Biscayne Blvd., Ste. 403 Aventura, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KALB, MARTIN 10800 BISCAYNE BLVD., #800 MIAMI FL 33161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, TREASURER ROBERT KEYES 2059 Northlake Parkway Tucker, GA 30084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TRIMMER, TERI 10800 BISCAYNE BLVD., #800 MIAMI FL 33161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARK ANDERSSON 2059 Northlake Parkway Tucker, GA 30084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.

SIGNATURE: *Steve Sherman* **4/29/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/01)