

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055143

1. Entity Name

CONESE AVIATION, INC.

Principal Place of Business

55 ALHAMBRA PLAZA #600  
CORAL GABLES FL 33134

Mailing Address

55 ALHAMBRA PLAZA #600  
CORAL GABLES FL 33134-5249

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0792782

Applied For  
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

TITLE DC  
NAME CONESE, EUGENE ☐ Delete  
STREET ADDRESS 55 ALHAMBRA PLAZA, SUITE 600  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPD  
NAME CONESE, EUGENE JR ☐ Delete  
STREET ADDRESS 55 ALHAMBRA PLAZA, SUITE 600  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPTS  
NAME BROADMEADOW, EDWARD T ☐ Delete  
STREET ADDRESS 55 ALHAMBRA PLAZA, SUITE 600  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VP  
NAME TARKANISH, TOM ☒ Delete  
STREET ADDRESS 55 ALHAMBRA PLAZA, SUITE 600  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Change ☒ Add  
NAME Ramon-Fernandez-Andes  
STREET ADDRESS 55 Alhambra Plaza, Ste. 600  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE VP ☐ Change ☒ Add  
NAME Sandi Paterson  
STREET ADDRESS 55 Alhambra Plaza, Ste. 600  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Change ☐ Addition  
NAME 600003118026--2  
STREET ADDRESS -02/01/00--01055--003  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Edward T. Broadmeadow

1-21-00

305-774-3500

Date

Daytime Phone #

FILED

00 JAN 26 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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