

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 06, 2001 8:00 am**  
**Secretary of State**  
 07-06-2001 90209 014 \*\*\*550.00

**DOCUMENT # P98000055143**

1. Entity Name  
**CONESE AVIATION, INC.**

Principal Place of Business Mailing Address  
**55 ALHAMBRA PLAZA #600** **55 ALHAMBRA PLAZA #600**  
**CORAL GABLES FL 33134** **CORAL GABLES FL 33134**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0792782** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME **DC**  
 STREET ADDRESS **CONESE, EUGENE**  
 CITY-ST-ZIP **55 ALHAMBRA PLAZA, SUITE 600**  
**CORAL GABLES FL 33134**

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

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

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **FERNANDEZ-ANDES, RAMON**  
 CITY-ST-ZIP **55 ALHAMBRA PLAZA, SUITE 600**  
**CORAL GABLES FL 33134**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition  
 NAME **VPTS**  
 STREET ADDRESS **Broadmeadow, Edward T**  
 CITY-ST-ZIP **55 Alhambra Plaza, Suite 600**  
**Coral Gables, FL 33134**

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 an officer like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
*Shirley D. [Signature]* **Vice President** **7-03-01** **305-774-3500**  
 Date Daytime Phone #

0037785 AV

CR2E034 (5/01)