

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90027 028 \*\*\*150.00

**DOCUMENT # P98000082118**

1. Entity Name

**SAFIRE AIRCRAFT COMPANY**

Principal Place of Business

Mailing Address

400 CLEMATIS STREET  
 STE 207  
 WEST PALM BEACH FL 33401

400 CLEMATIS STREET  
 STE 207  
 WEST PALM BEACH FL 33401-5322

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 **65-0864569**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIRKIN, MARK H ESQ**  
**1700 PALM BEACH LAKES BLVD., #580**  
**WEST PALM BEACH FL 33401**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARGARITOFF, MICHAEL</b>	
STREET ADDRESS	<b>400 CLEMATIS STREET</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARGARITOFF, MICHAEL</b>	
STREET ADDRESS	<b>400 CLEMATIS STREET, STE 207</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARGARITOFF, DIMITRI</b>	
STREET ADDRESS	<b>WEETENKAMP 1</b>	
CITY-ST-ZIP	<b>HAMBURG, GERMANY 22609</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARGARITOFF, ALEXANDER</b>	
STREET ADDRESS	<b>MUEHLENBERGERWEG 40</b>	
CITY-ST-ZIP	<b>HAMBURG, GERMANY 22587</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PIERSTORFF, HERMANN</b>	
STREET ADDRESS	<b>SCHLUTERSTRASSE 6</b>	
CITY-ST-ZIP	<b>HAMBURG, GERMANY D-20146</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICH, BARBARA</b>	
STREET ADDRESS	<b>400 CLEMATIS STREET, STE 207</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KAHLE, CRAIG</b>	
STREET ADDRESS	<b>400 CLEMATIS STREET, STE 207</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>	

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 reports 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00

Date

(561) 650-0830

Daytime Phone #