


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000082118**

1. Entity Name
SAFIRE AIRCRAFT COMPANY



FILED
03 MAR 18 PM 2:50

SECRETARY OF STATE



Principal Place of Business
**400 CLEMATIS STREET
STE 207
WEST PALM BEACH FL 33401**

Mailing Address
**400 CLEMATIS STREET
STE 207
WEST PALM BEACH FL 33401**

2. Principal Place of Business
**15001 NW 42nd Av.
Suite, Apt. #, etc.
Bldg. 47
City & State
Miami, FL
Zip
33054**

Country
USA

3. Mailing Address
**15001 NW 42nd Ave
Suite, Apt. #, etc.
Bldg. 47
City & State
Miami, FL 33054
Zip
33054**

Country
USA

4. FEI Number **65-0864569** Applied For Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**KAHLE, CRAIG U CPA
1501 PRESIDENTIAL WAY
STE 16
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name
Peninsula Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd. - 43rd Floor

City **Miami** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Camilo Salomon* **Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)** DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HUMPHRIES, DAVID R 1515 S. FLAGLER DRIVE # 2303 WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MARGARITOFF, DIMITRI 15001 NW 42nd Av Bldg 47 Miami, FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MARGARITOFF, ALEXANDER 15001 NW 42nd Av, Bldg 47 Miami, FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KAHLE, CRAIG 1501 PRESIDENTIAL WAY STE. 16 WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUHN, ROBERT 226 BRAZILIAN AVE APT 2A PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - President/CEO SALOMON, CAMILO A 15001 NW 42nd Av. Bldg 47 MIAMI FL 33054	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Michael Margaritoff 15001 NW 42nd Av., Bldg 47 Miami, FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Miguel de Miranda Correa 15001 NW 42nd Av, Bldg 47 Miami, FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Joseph Furnish 15001 NW 42nd Av, Bldg. 47 Miami, FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Human Resources David Drugman 15001 NW 42nd Av, Bldg 47 Miami, FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200014453272 03/24/03--01009--027 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Camilo Salomon* **Camilo Salomon** 3/14/03 (305) 779-4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #