

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90136 028 \*\*\*158.75

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**DOCUMENT # P98000086745**

1. Entity Name  
**FBA AIRPLANE, INC.**

Principal Place of Business  
**SUNTRUST INTERNATIONAL CENTER**  
**ONE S.E. 3RD AVE., STE. 2300**  
**MIAMI FL 33131**

Mailing Address  
**SUNTRUST INTERNATIONAL CENTER**  
**ONE S.E. 3RD AVE., STE. 2300**  
**MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **601 BISCAYNE BLVD** 3. Mailing Address **601 BISCAYNE BLVD**

Suite, Apt. #, etc. **AMERICAN AIRLINES AREA** Suite, Apt. #, etc. **AMERICAN AIRLINES AREA**

City & State **Miami FL** City & State **Miami FL**

4. FEI Number **59-2681369** Applied For   
 Not Applicable

Zip **33132** Country Country

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

6. Name and Address of Current Registered Agent  
**INTRASTATE REGISTERED AGENT CORPORATION**  
**701 BRICKELL AVE., STE. 3000**  
**MIAMI FL 33131**

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 \_\_\_\_\_ (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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ARISON, MICKY</b>	
STREET ADDRESS	<b>ONE S.E. 3RD AVE., STE. 2300</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRANK, HOWARD S</b>	
STREET ADDRESS	<b>ONE S.E. 3RD AVE., STE. 2300</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CROSS, L. JAY</b>	
STREET ADDRESS	<b>ONE S.E. 3RD AVE., STE. 2300</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ERIC WOOLWORTH</b>	
STREET ADDRESS	<b>601 BISCAYNE BLVD</b>	
CITY-ST-ZIP	<b>Miami, FL 33132</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAMUEL D. SCHULMAN</b>	
STREET ADDRESS	<b>601 BISCAYNE BLVD</b>	
CITY-ST-ZIP	<b>Miami, FL 33132</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: Samuel D. Schulman Date: 1/11/01 Daytime Phone #: 786-777-4009

CR2E034 (10/00)