

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086745

1. Entity Name
FBA AIRPLANE, INC.

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

01-22-2001 90136 028 ***158.75

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

2. Principal Place of Business 3. Mailing Address
601 BISCAYNE BLVD **601 BISCAYNE BLVD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
AMERICAN AIRLINES AREA **AMERICAN AIRLINES AREA**
City & State City & State
Miami FL **Miami FL**
Zip Country Zip Country
33132 **33132**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2681369** 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
INTRASTATE REGISTERED AGENT CORPORATION Name
701 BRICKELL AVE., STE. 3000 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33131 City State Zip Code
FL

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARISON, MICKY ONE S.E. 3RD AVE., STE. 2300 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ERIC WOOLWORTH 601 BISCAYNE BLVD Miami FL 33132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK, HOWARD S ONE S.E. 3RD AVE., STE. 2300 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SAMUEL D. SCHULMAN 601 BISCAYNE BLVD Miami FL 33132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSS, L. JAY ONE S.E. 3RD AVE., STE. 2300 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SAMUEL D. SCHULMAN 1/11/01 786-777-4009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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