

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90151 005 \*\*\*150.00

00046794

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P99000107387**  
 1. Entity Name  
**Southeast Jet Financial Leasing**  
**7001**

Principal Place of Business Mailing Address  
**2011 S. Perimeter Rd Ste L 2011 S. Perimeter Rd Ste L**  
**Ft. Lauderdale FL Ft. Lauderdale FL**  
**33309 33309**

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 **65-0994993** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**Owens, Robert C.**  
**1500 San Remo Ave Ste 145**  
**Coral Gables FL 33146**

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 \_\_\_\_\_  
 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. (See criteria on back) ☐

**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 NAME ☐ Delete  
**marco possati**  
**2011 S. Perimeter Rd Ste L**  
**Ft. Lauderdale FL 33309**  
 TITLE NAME ☐ Delete  
**DP Roger Lima**  
**2011 S. Perimeter Rd Ste L**  
**Ft. Lauderdale FL 33309**  
 TITLE NAME ☐ Delete  
 TITLE NAME ☐ Delete  
 TITLE NAME ☐ Delete  
 TITLE NAME ☐ Delete  
 TITLE NAME ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS CITY-ST-ZIP  
 TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS CITY-ST-ZIP  
 TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS CITY-ST-ZIP  
 TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS CITY-ST-ZIP  
 TITLE NAME ☐ Change ☐ Addition  
 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 all other like empowered.

SIGNATURE: **Donna B. King** **5/4/01 (561) 493-8998**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)