

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**  
 05-30-2002 91588 015 \*\*\*150.00

**DOCUMENT # S48750**

1. Entity Name  
**SWR AIRCRAFT GROUP, INC.**

Principal Place of Business

**C/O UNICAPITAL CORP  
 10800 BISCAYNE BLVD. STE 800  
 MIAMI FL 33161  
 US**

Mailing Address

**C/O UNICAPITAL CORP  
 10800 BISCAYNE BLVD. STE 800  
 MIAMI FL 33161  
 US**



2. Principal Place of Business

**C/O UNICAPITAL CORP**  
 Suite, Apt. #, etc.

**20801 Biscayne Blvd. # 403**

City & State

**Aventura FL**

Zip

**33180**

Country

**USA**

3. Mailing Address

**C/O UNICAPITAL CORP.**  
 Suite, Apt. #, etc.

**20801 Biscayne Blvd. # 403**

City & State

**Aventura, FL**

Zip

**33180**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0260537**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SKYWATCH REGISTERED AGENTS, INC.  
 10800 BISCAYNE BLVD., LAW DEPT.  
 SUITE 800  
 MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name  
**SKYWATCH REGISTERED AGENTS, INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**20801 Biscayne Blvd.,**  
**Suite 403**  
 City  
**Aventura** **FL** Zip Code  
**33180**

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, 2002 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  
**PD**  
 NAME  
**BRIDDELL, E TALBOT** ☒ Delete  
 STREET ADDRESS  
**10800 BISCAYNE BLVD., SUITE 800**  
 CITY-ST-ZIP  
**MIAMI FL 33161**

TITLE  
**VT**  
 NAME  
**CHAIT, DANIEL** ☐ Delete  
 STREET ADDRESS  
**10800 BISCAYNE BLVD., SUITE 800**  
 CITY-ST-ZIP  
**MIAMI FL 33161**

TITLE  
**V**  
 NAME  
**SHERMAN, STEVEN** ☐ Delete  
 STREET ADDRESS  
**10800 BISCAYNE BLVD., SUITE 800**  
 CITY-ST-ZIP  
**MIAMI FL 33161**

TITLE  
**V**  
 NAME  
**VORRATH, DAVID** ☒ Delete  
 STREET ADDRESS  
**10800 BISCAYNE BLVD., SUITE 800**  
 CITY-ST-ZIP  
**MIAMI FL 33161**

TITLE  
**S**  
 NAME  
**KALB, MARTIN** ☒ Delete  
 STREET ADDRESS  
**10800 BISCAYNE BLVD., SUITE 800**  
 CITY-ST-ZIP  
**MIAMI FL 33161**

TITLE  
**AS**  
 NAME  
**TRIMMER, TERI** ☒ Delete  
 STREET ADDRESS  
**10800 BISCAYNE BLVD., SUITE 800**  
 CITY-ST-ZIP  
**MIAMI FL 33161**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**DIRECTOR, PRESIDENT** ☐ Change ☒ Addition  
 NAME  
**ANTHONY H. HAGEN**  
 STREET ADDRESS  
**2059 Northlake Parkway**  
 CITY-ST-ZIP  
**Tucker, GA 30084**

TITLE  
**20801 Biscayne Blvd., Ste. 403** ☒ Change ☐ Addition  
 NAME  
**Aventura, FL 33180**

TITLE  
**20801 Biscayne Blvd., Ste. 403** ☒ Change ☐ Addition  
 NAME  
**Aventura, FL 33180**

TITLE  
**NON-EXECUTIVE EMPLOYEE** ☐ Change ☒ Addition  
 NAME  
**RICHARD CANNON**  
 STREET ADDRESS  
**20801 Biscayne Blvd., #403**  
 CITY-ST-ZIP  
**Aventura, FL 33180**

TITLE  
**CFO, TREASURER** ☐ Change ☒ Addition  
 NAME  
**ROBERT REYES**  
 STREET ADDRESS  
**2059 Northlake Parkway**  
 CITY-ST-ZIP  
**Tucker, GA 30084**

TITLE  
**SECRETARY** ☐ Change ☒ Addition  
 NAME  
**MARK ANDERSSON**  
 STREET ADDRESS  
**2059 Northlake Parkway**  
 CITY-ST-ZIP  
**Tucker, GA 30084**

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:

**Signature and Typed or Printed Name of Signing Officer or Director**

Date

Daytime Phone #

CR2E034 (9/01)