2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S96943

1. Entity Name

TWIN JET LEASING, INC.

Principal Place of Business

9420 SW 77TH AVENUE
MIAMI FL 33156-7988

Mailing Address

9420 SW 77TH AVENUE
MIAMI FL 33156-7988

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10800 BISCAYNE BLVD	10800 BISCAYNE BLVD
Suite, Apt. #, etc. Suite 800	Suite, Apt. #, etc. Suite 800
City & State MIAMI, FL	City & State MIAMI FL
Zip 33161	Country USA	Zip 33161	Country USA

4. FEI Number **65-0299321** — Applied For / Not A...

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
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST STE 105 TALLAHASSEE FL 32301	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 _____
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, 2000 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 DPT **NAME** CAUFF, STUART **STREET ADDRESS** 9420 S.W. 77TH AVE. **CITY-ST-ZIP** MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE DVS **NAME** LIPPMAN, WAYNE **STREET ADDRESS** 9420 S.W. 77TH AVE. **CITY-ST-ZIP** MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ WAYNE D. LIPPMAN   DVS   1/31/00   (305) 899-5000

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