

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S96943

1. Entity Name

TWIN JET LEASING, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90206 036 ***158.75

755212



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10800 BISCAYNE BLVD
SUITE 800
MIAMI FL 33161

Mailing Address

10800 BISCAYNE BLVD
SUITE 800
MIAMI FL 33161

2. Principal Place of Business

2665 South Bayshore Drive

3. Mailing Address

2665 South Bayshore Drive

Suite, Apt. #, etc.

Suite 1006

Suite, Apt. #, etc.

Suite 1006

City & State

Coconut Grove, Florida

City & State

Coconut Grove, Florida

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

65-0299321

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

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, 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 DPT
NAME CAUFF, STUART ☐ Delete
STREET ADDRESS 9420 S.W. 77TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE DPT ☒ Change ☐ Addition
NAME Stuart Cauff
STREET ADDRESS 10395 SW 67 Avenue
CITY-ST-ZIP Miami, FL 33156

TITLE DVS
NAME LIPPMAN, WAYNE ☐ Delete
STREET ADDRESS 9420 S.W. 77TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE DVS ☒ Change ☐ Addition
NAME Wayne Lippman
STREET ADDRESS 13019 Mar Street
CITY-ST-ZIP Coral Gables, FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

Wayne Lippman

Wayne Lippman

4/26/01

(305) 858-7707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)