

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
CORPORATIONS

01 MAY 23 AM 10:27



DO NOT WRITE IN THIS SPACE

DOCUMENT # J25509

1. Entity Name
JET AVION CORPORATION

Principal Place of Business Mailing Address

% THOMAS S. IRWIN % THOMAS S. IRWIN
3000 TAFT ST 3000 TAFT ST
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021
JS

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 **59-2699611** Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MEDELSON, VICTOR H.
3000 TAFT ST
HOLLYWOOD FL 33021

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 _____

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 | V <input checked="" type="checkbox"/> Delete |
| NAME | BIEDERWOLF, JEFFERY |
| STREET ADDRESS | 3000 TAFT ST. |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 |
| TITLE | C <input checked="" type="checkbox"/> Delete |
| NAME | QUINTANA, CARLOS |
| STREET ADDRESS | 3000 TAFT ST. |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 |
| TITLE | AS <input type="checkbox"/> Delete |
| NAME | VETTER, JUDITH W |
| STREET ADDRESS | 3000 TAFT ST. |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 |
| TITLE | P <input type="checkbox"/> Delete |
| NAME | SZPUNAR, STEPHEN |
| STREET ADDRESS | 3000 TAFT ST. |
| CITY-ST-ZIP | HOLLYWOOD FL |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | CENTENDRE, ELIZABETH R |
| STREET ADDRESS | 3000 TAFT STREET |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 |
| TITLE | TD <input type="checkbox"/> Delete |
| NAME | IRWIN, THOMAS S |
| STREET ADDRESS | 3000 TAFT STREET |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 700004314547-6 |
| STREET ADDRESS | -05/24/01--01015--015 |
| CITY-ST-ZIP | ***4058.75 ****150.00 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S |
| STREET ADDRESS | LEWORE, ELIZABETH R. |
| CITY-ST-ZIP | 3000 TAFT ST HOLLYWOOD, FL 33021 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Thomas S. Irwin** **4/30/01** **954-744-7560**

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