## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062623  1. Entity Name  SOUTH FLORIDA JET CENTER, INC. NIC (2) (8) (9) 2						FILED 03 APR 28 AH 9: 33			
SOUTH FLORIDA JET CENTER, INC.									
Principal Plac 5555 NW 15TI HANGAR 66 FT LAUDERDA	Mailing Address 2085 HURONTARIO STREE MISSISSAUGA ONTARIO CANADA L5A 4G1	STREET #200			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business     3. Mailing Address									
5555 Suite, Apt.	NW 15TH AVENUE	2085 HURONTARIO STREET Suite, Apt. #, etc.							
HANGA	AR 66	SUITE 200			CHECK HERE IF MAKING CHANGES				
City & Stat FORT	e LAUDERDALE, FLORIDA	City & State MISSISSAUGA, ONTARIO				4. FEI Number	IOT APPLICABL	<b>▶</b>	pplied For ot Applicable
Zip Country U.S.A.		Zip L5A 4G1	Coun	try ADA		5. Certificate of Status Desired See Required			
	6. Name and Address of Current R					7. Name and Add	ress of New Registe		
BRENKUS, SHARLENE 800 W CYPRESS CREEK POND, SUITE 260 FT LAUDERDALE FL 33309				Street A	RRY_ELLISE Address (P.O. Box Number is Not Acceptable) 25 NW 15TH AVENUE, SUITE 150  RT LAUDERDALE  FL Zip Code 33309				
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees			
10.	OFFICERS AND D		11.				NGES TO OFFICERS		
NAME STREET ADDRESS CITY-ST-ZIP	DST BRENKUS, SHARLENE 800 W CYPRESS CREEK ROAD, S FT LAUDERDALE FL 33309	UITE 260	4	E	5525	Ellis	e., Ste. 15	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANASSE, RAYMOND F 2085 HURONTARIO ST., STE 200 MISSISSAUGA ONTARIO CANADA	Delete .				··•	<b>01846</b> 3 01090016	□ Change 2897 **650.0	Addition
TITLE  NAME  STREET ADDRESS*  CITY-ST-ZIP		☐ Delete					34-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete					,	☐ Change	☐ Addition }
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•					☐ Change	☐ Addition
12. 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 10 or Block 11 if chapter the component with a statute of the component wit									

SIGNATURE:

Barry Ellis Sec/Treas.

Feb 19/03

Date

(905) 803-8898

Daytime Phone #