2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062623

1. Entity Name

SOUTH FLORIDA JET CENTER, INC. NC 12/18/02

FILED
03 APR 28 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5555 NW 15TH AVENUE
HANGAR 66
FT LAUDERDALE FL 33309

Mailing Address
2085 HURONTARIO STREET.. #200
MISSISSAUGA ONTARIO
CANADA L5A 4G1

2. Principal Place of Business: 5555 NW 15TH AVENUE
Suite, Apt. #, etc.: HANGAR 66
City & State: FORT LAUDERDALE, FLORIDA
Zip: 33309 Country: U.S.A.

3. Mailing Address: 2085 HURONTARIO STREET
Suite, Apt. #, etc.: SUITE 200
City & State: MISSISSAUGA, ONTARIO
Zip: L5A 4G1 Country: CANADA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRENKUS, SHARLENE
800 W CYPRESS CREEK POND, SUITE 260
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: BARRY ELLIS
Street Address (P.O. Box Number is Not Acceptable): 5525 NW 15TH AVENUE, SUITE 150
City: FORT 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] 4/9/03
Signature, typed or printed name of registered agent and title 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 DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DST ☒ Delete	TITLE	D,P,S,T ☐ Change ☒ Addition
NAME	BRENKUS, SHARLENE	NAME	Barry Ellis
STREET ADDRESS	800 W CYPRESS CREEK ROAD, SUITE 260	STREET ADDRESS	5525 NW 15th Ave., Ste. 150
CITY-ST-ZIP	FT LAUDERDALE FL.33309	CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	P ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	VANASSE, RAYMOND F	NAME	700018462897
STREET ADDRESS	2085 HURONTARIO ST., STE 200	STREET ADDRESS	05/07/03--01080--016 **650.00
CITY-ST-ZIP	MISSISSAUGA ONTARIO CANADA L5A -4G1	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: [signature] Barry Ellis Sec/Treas. Feb 19/03 (905) 803-8898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

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