

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90017 036 ***150.00

DOCUMENT # K36910
 1. Entity Name
COMMERCIAL JET INC.

Principal Place of Business Mailing Address
MIAD P.O. BOX 591228
BUILDING 20 BAY L8 MIAMI FL 33159-1228
MIAMI FL 33122 US
US

2. Principal Place of Business 3. Mailing Address
5300 NW 36 St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Bldg. 60, Bay 6
 City & State City & State
Miami, Florida

Zip Country Zip Country
33159 Miami-Dade

4. FEI Number **65-0096167** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MIRO, RAUL
5399 NW 36TH STREET
MIAMI SPRINGS FL 33165

7. Name and Address of New Registered Agent
 Name
David M. McDonald
 Street Address (P.O. Box Number is Not Acceptable)
1393 S.W. 1st St., Suite 200
 City FL Zip Code
Miami 33135

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 *David M. McDonald* *February 23, 2000*
 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		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, ELIZABETH	
STREET ADDRESS	5300 NW 36TH CT	
CITY-ST-ZIP	MIAMI FL 33159	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David M. Sandri	
STREET ADDRESS	5300 NW 36 St., Bldg. 60, Bay 6	
CITY-ST-ZIP	Miami, Florida 33159	
TITLE	D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roy Sandri	
STREET ADDRESS	5300 NW 36 St., Bldg. 60, Bay 6	
CITY-ST-ZIP	Miami, Florida 33159	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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: *DAVID M. SANDRI* *3/15/2000* *305-871-3265*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)