

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

**MIAD
 BUILDING 20 BAY L8
 MIAMI FL 33122
 US**

Mailing Address

**P.O. BOX 591228
 MIAMI FL 33159-1228
 US**

2. Principal Place of Business

5300 NW 36 St.

Suite, Apt. #, etc.

Bldg. 60, Bay 6

City & State

Miami, Florida

Zip

33159

Country

Miami-Dade

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

7. Name and Address of New Registered Agent

**MIRO, RAUL
 5399 NW 36TH STREET
 MIAMI SPRINGS FL 33165**

Name

David M. McDonald

Street Address (P.O. Box Number is Not Acceptable)

1393 S.W. 1st St., Suite 200

City

Miami

FL

Zip Code

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*
 Signature, typed or printed name of registered agent and title if applicable.

February 23, 2000
 (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
 NAME **LOPEZ, ELIZABETH**
 STREET ADDRESS **5300 NW 36TH CT**
 CITY-ST-ZIP **MIAMI FL 33159**

☒ Delete

TITLE **D, P**
 NAME **David M. Sandri**
 STREET ADDRESS **5300 NW 36 St., Bldg. 60, Bay 6**
 CITY-ST-ZIP **Miami, Florida 33159**

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE **D, VP**
 NAME **Roy Sandri**
 STREET ADDRESS **5300 NW 36 St., Bldg. 60, Bay 6**
 CITY-ST-ZIP **Miami, Florida 33159**

☐ Change

☒ Addition

TITLE
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 STREET ADDRESS
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☐ Change

☐ Addition

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2000
 Date

305-871-3265
 Daytime Phone #

CR2E034 (9/99)