

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 282406

1. Corporation Name

UNIVERSAL JET INDUSTRIES, INC.

Prin	cipal	Plac	е	of	Business
					,
			4.		

Mailing Address

2695 SW 6TH AVENUE HIALEAH FL 33010

2695 SW 6TH AVENUE HIALEAH FL 33010

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90073 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

NAME  STREET ADDRESS  CITY-ST-ZIP  BASS, Z. L.  1.2 NAME  1.3 STREET ADDRESS  MIAMI FL  1.4 CITY-ST-ZIP	Suite, Apt  22  City & Sta  23		1 A 44.95 A 14.55			06/16/1964			
28   Suite, Apt. #, etc.   Suite, Apt. #, et	Suite, Apt  22  City & Sta  23		2. Principal Place of Business 2a. Mailing Address			4, FEI Number		Ap	olied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   \$8.75 Additional Fee Required   Status Desired   Status D	Suite, Apt 22 City & Sta 23	t. #, etc.	<b>⊢</b> ` <b>⊢</b>			59-1087475		No	Applicable
City & State   S	City & Sta							\$8.75	dditional
City & State 23	City & Sta	<del> </del> -				5. Certificate of Status Desired	ш .	Fee Re	quired
Zip Country Zip Country B. Trust Fund Contribution Added to Fees  Zip Country B. Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible Personal Property Tax.   Yes   No  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  BASS, Z. L. 11111 BISCAYNE BLVD.  MIAMI FL  82 Street Address (P.O. Box Number is Not Acceptable)  83   Name   Signature   S		ate	City & State			6. Election Campaign Financing		\$5.00	Mav Be
Zip Country  24 25 25 29 30 To Personal Property Tax. Yes No Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  BASS, Z. L.  11111 BISCAYNE BLVD.  MIAMI FL  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83			28				Ш		
9, Name and Address of Current Registered Agent  BASS, Z. L.  11111 BISCAYNE BLVD.  MIAMI FL  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83	<u> </u>	Country		Country	1	a. This corporation owes the curr	ent year Inte	angible	
9. Name and Address of Current Registered Agent  BASS, Z. L.  11111 BISCAYNE BLVD.  MIAMI FL  82 Street Address (P.O. Box Number is Not Acceptable)  83 Registered agent of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P  DATE  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83  Zip Code  14. City  FL  85 Zip Code  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change Addit 17. TITLE  17. TITLE  17. TITLE  17. TITLE  17. TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Addit 17. TITLE  10. Change Addit 17. TITLE  11. TITLE  12. NAME  13. STREET ADDRESS  11. TITLE  14. CITY-ST-ZIP	24	25	29	o l		Personal Property Tax.	·	Yes	□No
BASS, Z. L.  11111 BISCAYNE BLVD.  MIAMI FL  82 Street Address (P.O. Box Number is Not Acceptable)  83    84 City   FL   85   Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE   P   DELETE   1.1 TITLE   Change   Addit    STREET ADDRESS   1.3 STREET ADDRESS    CITY-ST-ZIP   MIAMI FL   1.4 CITY-ST-ZIP   Change   Addit    MIAMI FL   DELETE   1.3 STREET ADDRESS    CITY-ST-ZIP   MIAMI FL   DELETE   1.4 CITY-ST-ZIP   Change   DELETE   D	,			<del></del>		10. Name and Address of New I	Registered .	Agent	
11.111 BISCAYNE BLVD.  MIAMI FL  82 Street Address (P.O. Box Number is Not Acceptable)  83    84				81	Name				
MIAMI FL  83  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  P  DELETE  1.1 TITLE  PAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  1.4 CITY-ST-ZIP	BAS	SS, Z. L.		-	0 1411	(C.O. B. N. best New York	- in in in		
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

DELETE

Change

☐ Addition