

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91103 039 ***150.00

DOCUMENT # F02000001244

1. Entity Name
MARQUIS JET PARTNERS, INC.



Principal Place of Business
**230 PARK AVE. SUITE 840
NEW YORK NY 10169**

Mailing Address
**230 PARK AVE. SUITE 840
NEW YORK NY 10169**

2. Principal Place of Business
230 Park Avenue

3. Mailing Address
Same

Suite, Apt. #, etc.
Suite 840

Suite, Apt. #, etc.

City & State
New York, NY

City & State

Zip
10169

Country
U.S.A.

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
13-4179171

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301-0000**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 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

TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	CLINGMAN, ALAN	
STREET ADDRESS	230 PARK AVE. SUITE 840	
CITY-ST-ZIP	NEW YORK NY 10169	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHACHAR, HENRY	
STREET ADDRESS	230 PARK AVE. SUITE 840	
CITY-ST-ZIP	NEW YORK NY 10169	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DICHTER, KEN	
STREET ADDRESS	230 PARK AVE. SUITE 840	
CITY-ST-ZIP	NEW YORK NY 10169	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ITZLER, JESSE	
STREET ADDRESS	230 PARK AVE. SUITE 840	
CITY-ST-ZIP	NEW YORK NY 10169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Allard	
STREET ADDRESS	230 Park Ave Suite 840	
CITY-ST-ZIP	New York, NY 10169	
TITLE	Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Austin	
STREET ADDRESS	230 Park Avenue Suite 840	
CITY-ST-ZIP	New York, NY 10169	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl Thorsberg	
STREET ADDRESS	230 Park Avenue Ste. 840	
CITY-ST-ZIP	New York, NY 10169	
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		

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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

212 499 3204

Daytime Phone #

CR2E034 (10/02)