

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F48390

1. Entity Name

JET AIRCRAFT HOLDINGS, INC.

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90046 027 ***158.75

Principal Place of Business

Mailing Address

9420 S.W. 77TH AVE
SUITE 100
MIAMI FL 33156-4903

9420 S.W. 77TH AVE
SUITE 100
MIAMI FL 33156-7988

2. Principal Place of Business

10800 BISCAYNE BLVD.

3. Mailing Address

10800 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 800

Suite, Apt. #, etc.

SUITE 800

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. FEI Number

59-2125468

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

CAUFF, STUART L
9420 SW 77TH AVE
MIAMI FL 33156-4903

Name

STUART L. CAUFF

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

10800 BISCAYNE BLVD

SUITE 800

City

MIAMI, FL 33161

FL

Zip Code

33161

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

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)

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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	VDS	<input type="checkbox"/> Delete
NAME	LIPPMAN, WAYNE D.	
STREET ADDRESS	9420 SW 77TH AVE #100	
CITY-ST-ZIP	MIAMI FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	CAUFF, STUART L	
STREET ADDRESS	9420 SW 77TH AVE #100	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Wayne D. Lippman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE D. LIPPMAN
VDS

1/31/00

(305)-899-5000

Date

Daytime Phone #

CR2E034 (9/99)