

✓ **2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F95000000224**

1. Entity Name

AIR JAMAICA HOLDINGS LIMITED CO.**FILED**
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90051 050 ***150.00

Principal Place of Business	Mailing Address
72-76 HARBOUR ST. KINGSTON JAMAICA WEST INDIES	72-76 HARBOUR ST. KINGSTON JAMAICA WEST INDIES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	98-0150241	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ZACCA, CHRISTOPHER
STREET ADDRESS	72-76 HARBOUR ST
CITY-ST-ZIP	KINGSTON JA
	<input type="checkbox"/> Delete
TITLE	V
NAME	TAI, LLOYD
STREET ADDRESS	72 HARBOUR ST.
CITY-ST-ZIP	KINGSTON
	<input type="checkbox"/> Delete
TITLE	V
NAME	RODGERS, WILLIAM
STREET ADDRESS	72 HARBOUR ST.
CITY-ST-ZIP	KINGSTON
	<input type="checkbox"/> Delete
TITLE	V
NAME	LEWIS, JOHN
STREET ADDRESS	72 HARBOUR ST.
CITY-ST-ZIP	KINGSTON
	<input type="checkbox"/> Delete
TITLE	V
NAME	MCLEISH, CLAUDETTE
STREET ADDRESS	72 HARBOUR ST.
CITY-ST-ZIP	KINGSTON
	<input type="checkbox"/> Delete
TITLE	S
NAME	MCLEAN, PAMELA
STREET ADDRESS	72 HARBOUR ST.
CITY-ST-ZIP	KINGSTON
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> 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: PAMELA MCLEAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR21 FEB. 2000, 876 922 3460
Date Daytime Phone #

CR2E034 (9/99)