

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90314 031 ***150.00

DOCUMENT # G72185

1. Entity Name

JETSTREAM AVIATION, INC.

Principal Place of Business

2368 NW 67TH STREET
 BOCA RATON FL 33496
 US

Mailing Address

2368 NW 67TH STREET
 BOCA RATON FL 33496
 US

2. Principal Place of Business

781 Emerald Harbor Dr.

3. Mailing Address

781 Emerald Harbor Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longboat Key, FL

City & State

Longboat Key, FL

Zip

34228

Country

USA

Zip

34228

Country

USA

4. FEI Number

59-2340203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BERS, ANDREW

2368 NW 67TH STREET
 BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name: Bers, Andrew

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

781 Emerald Harbor Dr.

City: Longboat Key

FL

Zip Code

34228

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

Andrew Bers

Andrew Bers

1/30/01

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE: PTD ☐ Delete
 NAME: BERS, ANDREW
 STREET ADDRESS: 2368 NW 67TH STREET
 CITY-ST-ZIP: BOCA RATON FL 33496

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
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 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ 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:

Andrew Bers

Andrew Bers

1/30/01

941-383-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)