

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G84350**

1. Entity Name  
**JET MECH, INC.**

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90010 010 \*\*\*550.00

Principal Place of Business

**6871 W LONGBOW BEND  
DAVIE FL 33331  
US**

Mailing Address

**6871 W LONGBOW BEND  
DAVIE FL 33331  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2384356**

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

**SCHULDINER, MARK  
8430 NW 74 6871 W LONGBOW BEND  
MEDLEY FL 33166 DAVIE FL 33331**

Name **SCHULDINER, MARK**  
Street Address (P.O. Box Number is Not Acceptable)  
**6871 W LONGBOW BEND**  
City **DAVIE** FL Zip Code **33331**

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 *Mark Schuldiner*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/24/00**

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 ☐ Delete  
NAME **DP**  
STREET ADDRESS **MCLELLAN, JAMES L**  
CITY-ST-ZIP **15800 KINGSMOOR WAY  
MIAMI LAKES FL 33014**

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

TITLE ☐ Delete  
NAME **DST**  
STREET ADDRESS **SCHULDINER, MARK**  
CITY-ST-ZIP **6871 W. LONG BOW BEND  
DAVIE FL 33331**

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

TITLE ☐ Delete  
NAME **DVP**  
STREET ADDRESS **SACCO, LEON**  
CITY-ST-ZIP **8430 NW 74TH AVE  
MEDLEY FL 33166**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **151 Los Pinos Court**  
CITY-ST-ZIP **Coral Gables, FL 33143**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 *Mark Schuldiner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/24/00**  
Date

**1-954-434-2980**  
Daytime Phone #

CR2E034 (5/00)