

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90135 008 ***150.00

DOCUMENT # J64494

1. Entity Name

JET WINGS TRAVEL INCORPORATED

Principal Place of Business

Mailing Address

2264 NW 87TH AVENUE
 MIAMI FL 33172
 US

2264 NW 87TH AVENUE
 MIAMI FL 33172-2414
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2830932

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JHANGIMAL, SONIA D
9425 91ST STREET
MIAMI FL 33176

Name **SONIA D. JHANGIMAL**

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

2264 NW 87TH AVE

City **MIAMI**

FL

33172

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

Sonia D. Jhangimal

SONIA D. JHANGIMAL

04-26-00

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, 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 **P** ☐ Delete
 NAME **JHANGIMAL, GOBINDRAN**
 STREET ADDRESS **2264 NW 87TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **VD** ☐ Delete
 NAME **JHANGIMAL, SONIA DIPU**
 STREET ADDRESS **2264 NW 87TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **SD** ☐ Delete
 NAME **JHANGIMAL, SONIA D**
 STREET ADDRESS **2264 NW 87TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **T** ☐ Delete
 NAME **JHANGIMAL, SURESH G**
 STREET ADDRESS **2264 NW 87TH AVNUE**
 CITY-ST-ZIP **MIAMI FL 33172**

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:

Sonia D. Jhangimal
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SONIA D. JHANGIMAL **04-26-00**

Date

Daytime Phone #

305-
591-1285

CR2E034 (9/99)