

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000014067

1. Entity Name  
JET ENGINE GROUP, L.L.C.

FILED

2001 APR 27 AM 10:53

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
201 S. BISCAYNE BLVD., 34TH FLOOR  
MIAMI CENTER  
MIAMI FL 33131

Mailing Address  
201 S. BISCAYNE BLVD., 34TH FLOOR  
MIAMI CENTER  
MIAMI FL 33131

2. Principal Place of Business  
4641 N.W. 97TH CT.  
Suite, Apt. #, etc.  
MIAMI

3. Mailing Address  
4641 N.W. 97TH CT.  
Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33178

Country  
USA

Zip  
33178

Country  
USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

## 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) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

OPERATING MANAGER  
MARCELO MARTIN  
4641 N.W. 97TH CT.  
MIAMI, FL 33178

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VICE PRESIDENT  
FERNANDO CHAMORRO  
4641 N.W. 97TH CT.  
MIAMI, FL 33178

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

12E (11/00)