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FILED  
May 29, 2002 8:00 am  
Secretary of State

02-19-2002 90064 031 \*\*\*\*50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019635  
1. Entity Name  
MIAMI JET PROFESSIONALS, L.L.C.

Principal Place of Business      Mailing Address  
815 N.W. 57TH AVE., STE. 202      815 N.W. 57TH AVE., STE. 202  
MIAMI FL 33126      MIAMI FL 33126

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      Applied For  
65-1156975      Not Applicable

5. Certificate of Status Destroyed      \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
MULLER, CHARLES E III  
8350 SOUTH DIXIE HWY., STE. 1550  
MIAMI FL 33158

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 necessary)      DATE

Director

FILE NOW!!! FEE IS \$30.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	IRMA MAS 815 N W 57 AVE # 202 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE:      SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E003 (9/01)