

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90156 048 \*\*\*\*50.00

DOCUMENT # L02000032138

1. Entity Name

Jedami Jet, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
641 Ocean Boulevard

Suite, Apt. #, etc.

3. Mailing Address  
641 Ocean Boulevard

-Suite, Apt. #, etc.

City & State  
Golden Beach, Florida

Zip  
33160

Country  
USA

City & State  
Golden Beach, Florida

Zip  
33160

Country  
USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Robert M. Herman, P.A.

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

8751 West Broward Boulevard, Suite 109

City Plantation

FL

Zip Code  
33324

\* 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. I am familiar with, and accept the obligations of registered agent.

\* SIGNATURE

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Manuel Baez, Trustee  
641 Ocean Boulevard  
Golden Beach, FL 33160

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

CR2E083B (12/02)