

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90123 005 ***150.00

DOCUMENT # L50969

1. Entity Name

JET AVIATION SPECIALISTS, INC.

Principal Place of Business

**3373 N.W. 107 ST.
 MIAMI FL 33167**

Mailing Address

**3373 N.W. 107 ST.
 MIAMI FL 33167**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0175037**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BELTRAN, DIEGO
 7325 N. AUGUSTA DRIVE
 MIAMI FL 33015**

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NO'W!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	TD	<input type="checkbox"/> Delete
NAME	GUTHRIE, EARL	
STREET ADDRESS	8955 SW 49TH ST	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BELTRAN, DIEGO	
STREET ADDRESS	15472 KIPPFORD CT	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BELTRAN, MICHAEL	
STREET ADDRESS	7104 BEDLINGTON RD	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diego M. Beltran	
STREET ADDRESS	1330 Stillwater Dr.	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diego R. Beltran	
STREET ADDRESS	12580 N. Bayshore Dr.	
CITY-ST-ZIP	N. Miami, FL 33181	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Beltran	
STREET ADDRESS	1224 Milan Ave.	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIEGO BELTRAN

4/19/01

Date

305-6810160

Daytime Phone #

CR2E034 (10/00)