2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L77639 Apr 23, 2000 8:00 am Secretary of State 1. Entity Name CETMA JET, INC. 04-23-2000 90024 027 ***150.00 Mailing Address Principal Place of Business 100 SE 2ND STREET 100 SE 2ND STREET STE 3400 STE 3400 MIAMI FL 33131-2150 MIAMI FL 33131 U\$ US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0209399 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BONNER, R. LAWRENCE** Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND STREET STE 3400 **MIAMI FL 33131** 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Change Addition Delete TITLE BETANCOURT, HECTOR J. NAME NAME STREET ADDRESS 100 SE 2ND STREET STE 3400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Addition ☐ Change Delete TITLE TITLE BETANCOURT, MONICA S. NAME STREET ADDRESS STREET ADDRESS 100 SE 2ND STREET STE 3400 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change_ Addition Delete TITLE TITLE MARTIN, ERNESTO R. NAME STREET ADDRESS STREET ADDRESS 100 SE 2ND STREET STE 3400 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

HELSON T. BETANIENT PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FICER OR DIRECTOR

changed, or on an attachment with an address, with all other like emplowered.

SIGNATURE: