

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90077 033 \*\*\*\*50.00

**DOCUMENT # L98000001431**

1. Entity Name

**GLOBAL JET CHARTERS, L.C.**



Principal Place of Business

**1710 WEST CYPRESS CREEK ROAD  
FT. LAUDERDALE FL 33309**

Mailing Address

**600 S. ANDREWS AVE STE. 400  
FT. LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

**c/o Bruce D. Green**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1313 S. Andrews Ave**

City & State

City & State

**Ft Lauderdale FL**

Zip

Country

Zip

Country

**33316**

**USA**

4. FEI Number **65-0935117**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, BRUCE**

**600 SOUTH ANDREWS AVE., SUITE 400  
FT. LAUDERDALE FL 33301**

Name

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

**1313 S. Andrews Avenue**

City

**Ft Lauderdale**

**FL**

Zip Code

**33316**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MAYER, SHIRAZIPOUR  
1710 WEST CYPRESS CREEK ROAD  
FT. LAUDERDALE FL 33309** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CCA FINANCIAL SERVICES, INC.  
1710 WEST CYPRESS CREEK ROAD  
FT. LAUDERDALE FL 33309** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ 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 #

**SIGNATURE REQUIRED**  
**MAYER SHIRAZIPOUR 4/23/03 954-771-1795**

0023407

CR2E083 (10/02)