2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900001403 1. Entity Name JACEE AVIATION, LLC.						FILED			
JACEE AV	MATION, LLO.	1			1	OJAN 18 PM 4: 22			
Principal Place of Business Mailing Address 23138 L'ERMITAGE CIRCLE 23138 L'ERMITAGE CIRCLE BOCA RATON FL 33433 BOCA RATON FL 33433			.E			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI 1	05-091552	3 AF	plied For at Applicable	
Zip	Country	Zip	Count	ry		ificate of Status Desired	Fee Require		
	6. Name and Address of Current	Registered Agent		Name	7. Nam	e and Address of New Registe	red Agent		
CAPELLI, MICHAEL A					Irona (P.O. Bry Number in Not Accordible)				
23138 L'ERMITAGE CIRCLE				Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33433									
				City	FL Zip Code .			e	
8. The above	named entity submits this statement to	or the purpose of changing its	registere	d office or regist	tered agent,	or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered	Agent signature requi	ired when reinstat	ing) D	ATE		
								_	
		Make Check Pa		EE IS \$50.09 Department					
9.	MANAGING MEMBERS / MEMBERS		10.			ADDITIONS/CHAN		- ·	
TITLE Name	MGR Cappelli, Michael A	C Delete	TITLE			50000311			
STREET ADDRESS	23138 L'ERMITAGE CIRCLE			T ADDRESS		-01/28/00-	010920	04	
CITY- ST- ZIP	BOCA RATON FL 33433		-1	8T-ZIP		******[]	□ Ctraude 本本本本本	<u>n ng</u>	
TITLE NAME		L. Delisto	TITLE					_	
STREET ADDRESS				ET ADDRESS ST-ZIP					
CITY-ST-ZIP		Delote	TITLE		 -		Change		
NAME		To besid	MAME	í					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					
TITLE	and the same of the same	Delotia 💝	шт	0 -	-		Change		
NAME STREET ADDRESS		,	MAME	ET ADDRESS		^			
CITY-ST-ZIP	. ·			8T-71P		$\langle \cdot \rangle$			
TITLE		☐ Deleta	TITLE	l l		11.7/	☐ Change .		
NAME STREET ADDRESS			KAME STREE	ET ADDRESS		\bigvee			
CITY-ST-ZIP		<u> </u>	CITY-	ST-ZIP	_				
TITLE NAME		☐ Belats	TITLE	1			Change	□	
STREET ADDRESS				T ADORESS					
CITY-81-ZIP				8T-ZIP					
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	I that my signature shall have	the same	legal effect as i	f made unde	er oath; that I am a managing m	er certify that the in ember or manage	ntormation ir of the	