

2001 UNIFORM BUSINESS REPORT (UBR)

0009314 AF

DOCUMENT # L99000003850

1. Entity Name

JET FLIGHT SERVICE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -9 AM 9:10

Principal Place of Business

Mailing Address

801 ARTHUR GODFREY RD., SUITE 400
MIAMI BEACH FL 33140

801 ARTHUR GODFREY RD., SUITE 400
MIAMI BEACH FL 33140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1320 S. Dixie Highway

3. Mailing Address

1320 S. Dixie Highway

Suite, Apt. #, etc.

1060

Suite, Apt. #, etc.

1060

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

APPLIED FOR

Applied For

XX Not Applicable

Zip

33146

Country

USA

Zip

33146

Country

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

ALHAMBRA REGISTERED AGENTS, INC.
C/O KARP & GENAUER, P.A.
2 ALHAMBRA PLAZA, SUITE 1202
CORAL GABLES FL 33134

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
STREET ADDRESS MOYA, FRANK M.D.
CITY-ST-ZIP 801 ARTHUR GODFREY RD., SUITE 400
MIAMI BEACH FL 33140

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 1320 S. Dixie Highway, Ste. 1060
CITY-ST-ZIP Coral Gables, FL 33146

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED

Frank Moya

Date

Daytime Phone #

3/6/01

(305) 666-3002

CR2E083 (11/00)