

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90402 039 ***150.00

DOCUMENT # L99245

1. Entity Name
JF AVIATION CORPORATION



Principal Place of Business
**13020 SW 70 AVE.
MIAMI FL 33156**

Mailing Address
**13020 SW 70 AVE.
MIAMI FL 33156**



2. Principal Place of Business
13060 SW 70 Avenue
Suite, Apt. #, etc.

3. Mailing Address
13060 SW 70 Avenue
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami FL
Zip
33156
Country
USA

City & State
Miami FL
Zip
33156
Country
USA

4. FEI Number **65-0216657**
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FINAZZO, NICOLAS
13020 SW 70 AVE.
MIAMI FL 33156**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
13060 SW 70 Avenue
City **Miami** FL Zip Code **33156**

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 **Nicolas Finazzo** **NICOLAS FINAZZO** **2-6-03**
Signature, typed or printed name of registered agent and title if applicable. (Not for Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINAZZO, JOANN		NAME		
STREET ADDRESS	13020 SW 70 AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINAZZO, NICOLAS		NAME		
STREET ADDRESS	13020 S. W. 70 AVENUE		STREET ADDRESS	13060 SW 70 Avenue	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miami, FL 33156	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINAZZO, ROSE ANN		NAME		
STREET ADDRESS	13020 S. W. 70 AVENUE		STREET ADDRESS	13060 SW 70 Avenue	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miami, FL 33156	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Nicolas Finazzo** **NICOLAS FINAZZO VP** **2-6-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **305 352 7394**

CR2E034 (10/02)