

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90018 020 ****50.00

DOCUMENT # M01000001341

1. Entity Name

JET PLAN CAPITAL CO., LLC

Principal Place of Business

**2310 NORTHWEST 55TH CT., STE. 130
 FT LAUDERDALE FL 33309**

Mailing Address

**2310 NORTHWEST 55TH CT., STE. 130
 FT LAUDERDALE FL 33309**

2. Principal Place of Business

5340 N.W. 20TH TERRACE

3. Mailing Address

5340 N.W. 20TH TERRACE

Suite, Apt. #, etc.

HANOVER 60

Suite, Apt. #, etc.

HANOVER 60

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

Zip

33309

Country

4. FEI Number

65-1096359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GREEN, BRUCE D
 600 SOUTH ANDREWS AVE. #400
 FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MEM** ☐ Delete
 NAME **THOMAS BOZZILLON**
 STREET ADDRESS **2310 N.W. 55TH CT STE 130**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5340 N.W. 20TH TERRACE HANOVER 60**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 of 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 #

4-19-02

954-771-1884

CR2E083 (9/01)