

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-30-2002 90018 019 ****50.00

DOCUMENT # M01000001342

1. Entity Name

JET PLAN PARTNERS, LLC

Principal Place of Business

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

Mailing Address

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

946981



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5340 N.W. 20TH TERRACE

3. Mailing Address

5340 N.W. 20TH TERRACE

Suite, Apt. #, etc.

HANBOR 60

Suite, Apt. #, etc.

HANBOR 60

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-1096342

Applied For

Not Applicable

Zip

33309

Country

Zip

33309

Country

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., STE. 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 **BORZILLON, THOMAS**
STREET ADDRESS **210 N. UNIVERSITY DR. STE 100**
CITY-ST-ZIP **CORAL SPRING, FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-19-02 954-771-1884

CP25083 (9/01)