

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0024515

DOCUMENT # M01000001343

1. Entity Name

JET PLAN SALES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY -2 AM 9:04

25/29

Principal Place of Business

5340 NW 20TH TERRACE
HANGAN 60
FT LAUDERDALE FL 33309

Mailing Address

5340 NW 20TH TERRACE
HANGAN 60
FT LAUDERDALE FL 33309



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1096345

Applied For

Not Applicable

Zip

Country

Zip

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

~~GREEN, BRUCE D~~
600 SOUTH ANDREWS AVE., STE. 400
FT LAUDERDALE FL 33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BORZILLERI, THOMAS
5340 N.W. 20TH TERRACE HANTOR 60
FORT LAUDERDALE FL 33309 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000020044480
05/28/03--01062--016 **75.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Delete

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FF \$50 ☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-22-03 454-345-385

Date Daytime Phone #

CR2E083 (10/02)