

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90003 020 ***150.00

DOCUMENT # M66732

1. Entity Name
JET SET OF WEST PALM BEACH, INC.



Principal Place of Business
 % DAVID MIRANDA
 2056 PALM BEACH LAKES BLVD.
 WEST PALM BEACH FL 33409

Mailing Address
 % DAVID MIRANDA
 2056 PALM BEACH LAKES BLVD.
 WEST PALM BEACH FL 33409

AU015151



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 120 S. Dixie
 Suite, Apt. #, etc.
 102

3. Mailing Address
 120 S Dixie
 Suite, Apt. #, etc.
 # 102

City & State
 West Palm Bch FL
 Zip
 33401
 Country
 USA

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 West Palm Bch FL
 Zip
 33401
 Country
 USA

4. FEI Number **65-0032761**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MIRANDA, DAVID
 2056 PALM BEACH LAKES BLVD.
 WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 120 S Dixie suite 102
 City WPB FL Zip Code 33401

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 *D. Miranda*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MIRANDA, DAVID 2056 PALM BCH LAKES BLVD WEST PALM BEACH FL <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *(Signature Required)* **SIGNATURE REQUIRED**
 Signature, typed or printed name of signing officer or director Date Daytime Phone # 820-0111

CR2E034 (5/00)

Attachment m46 1732
A0073131

Due to a change of address or other unknown factors I did not receive our first business report in the mail. As per our phone conversation I am sending you this letter of explanation along with a check for the original fee of \$150.00 as you requested.

Thanks for your
patience!

D. R. Fiander