

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015875

1. Entity Name

J. P. Aircraft Cleaning Inc. ✓

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90214 045 ***150.00

A0065406

Principal Place of Business

Mailing Address

5574 Lake Geneva Dr.
 Lake Worth, FL 33461

2. Principal Place of Business

3. Mailing Address

900 E. Atlantic Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 17

City & State

City & State

Pompano Beach

Zip

Country

Zip

Country

33060

USA

4. FEI Number

65-0982521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kim T. Mollica
 370 Camino Gardens Blvd, Ste 118
 Boca Raton, FL

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
 D Perez, Jose
 STREET ADDRESS 5574 Lake Geneva Dr.
 CITY-ST-ZIP Lake Worth, FL 33461

TITLE NAME ☐ Change ☒ Addition
 President/Sec./Treasurer

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Perez

Date

Daytime Phone #

4-26-01 (954) 183-5030

CR2E034 (11/00)