

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020140

i. Entity Name

JetPower Services, Inc.

Principal Place of Business

6925 NW 51 Street

Mailing Address

same

Miami FL 33166

FILED

01 MAY -1 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Elias Francisco  
7280 SW 16 terrace  
Miami, FL 33155

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

TITLE **PD** ☐ Delete  
NAME: Elias Francisco  
STREET ADDRESS: 7280 SW 16 terrace  
CITY-ST-ZIP: Miami FL 33155

TITLE **D** ☐ Delete  
NAME: cristobal valdez  
STREET ADDRESS: 9485 Haitan Dr.  
CITY-ST-ZIP: Miami FL 33189

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  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME: **300004136739--3**  
STREET ADDRESS: **-05/04/01--01071--028**  
CITY-ST-ZIP: **\*\*\*\*150.00 \*\*\*\*150.00**

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:

TITLE ☐ Change ☐ Addition  
NAME:  
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

Date

Daytime Phone #

4/29/2001