

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000033733**

1. Entity Name

TOURJETS AIRLINE CORPORATION

FILED

02 OCT 21 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

650 SW 34 Street

3. Mailing Address

650 SW 34 Street

Suite, Apt. #, etc.

Suite 314

Suite, Apt. #, etc.

Suite 314

City & State

Ft Lauderdale, FL

City & State

Ft. Lauderdale FL

Zip

33315

Country

USA

Zip

33315

Country

USA

4. FEI Number

651004371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lee C. Schmachtenberg

Street Address (P.O. Box Number is Not Acceptable)

1533 Sunset Drive

Suite 201

City

Coral GABLES

FL

Zip Code

33143

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **Director**
NAME **Feller, Serge F**
STREET ADDRESS **650 SW. 34 Street, Suite 314**
CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300008484053--4
-10/21/02--01074--005
*****150.00 ***150.00**

TITLE **Director**
NAME **Korth, James W**
STREET ADDRESS **650 SW. 34 Street, Suite 314**
CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director**
NAME **Bay Elliott**
STREET ADDRESS **650 S.W. 34 Street, Suite 314**
CITY-ST-ZIP **Ft Lauderdale, FL 33315**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE **Director**
NAME **Buholzer Isidor**
STREET ADDRESS **650 SW. 34 Street Suite 314**
CITY-ST-ZIP **Ft Lauderdale, FL 33315**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Sp Director**
NAME **Spaulding, Richard**
STREET ADDRESS **650 SW 34 Street, Suite 314**
CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Serge Feller

10/16/2002

Date

954 359 7100

Daytime Phone #

CR2E034B (12/01)

Tourjets

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Ft. Lauderdale, October 16, 2002

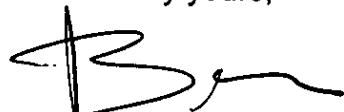
Ref. Request for waiver of reinstatement fee

Dear Sir or Madam:

We would like to draw your attention to the fact that we have not received this year's Uniform Business Report and hereby apply for a waiver of the reinstatement fee. Please find enclosed the UBR we printed from your website together with the \$150.00 application fee.

Thank you for your attention to this matter.

Sincerely yours,



Isidor Buholzer
Director