

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90132 048 ***150.00

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DOCUMENT # P00000037364

1. Entity Name
JAL AVIATION, INC.



18677
Principal Place of Business
18667 CAPE SABLE DRIVE
BOCA RATON FL 33498

18677
Mailing Address
18667 CAPE SABLE DRIVE
BOCA RATON FL 33498

11011803



2. Principal Place of Business

18677 Cape Sable Dr

3. Mailing Address

18677 Cape Sable Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton FL

City & State
Boca Raton, FL

4. FEI Number **65-1000216**

Applied For
Not Applicable

Zip Country
33498 USA

Zip Country
33498 USA

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

6. Name and Address of Current Registered Agent

ROSENMAN, LARRY C
12340 ST. SIMON DRIVE
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

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

Annabelle Hornyak
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **HORNYAK, ANNABELLE**
STREET ADDRESS **18677 CAPE SABLE DR**
CITY-ST-ZIP **BOCA RATON FL 33498**

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

TITLE **VSD** ☐ Delete
NAME **HORNYAK, DAVID**
STREET ADDRESS **18677 CAPE SABLE DR**
CITY-ST-ZIP **BOCA RATON FL 33498**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Annabelle Hornyak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Annabelle Hornyak 4/20/03
Date **561-885-3074**

CR2E034 (10/02)