

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90069 018 ***150.00

DOCUMENT # P00000039879

1. Entity Name
JEM AIRCRAFT SPARES, INC.



Principal Place of Business
**1703 AVENIDA DEL SOL
BOCA RATON FL 33432**

Mailing Address
**PO BOX 1254
BOCA RATON FL 33429**

70011000



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

5531 N Military Tr.

3. Mailing Address

Suite, Apt. #, etc.

#1613

Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State

Zip

33496

Country

USA

Zip

Country

4. FEI Number **65-1001621**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAYMAN, JASON
647 NW 12TH ROAD
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **Earl Green**
Street Address (P.O. Box Number is Not Acceptable)

2700 Date Palm Rd

City **Boca Raton**

FL

Zip Code **33432**

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 Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/03

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 NAME STREET ADDRESS CITY-ST-ZIP	PD RAYMAN, JASON 647 NW 12TH ROAD BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREEN, CARL 2700 DATE PALM ROAD BOCA RATON FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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2. 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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03 / 561-620-9907
Date Daytime Phone #

CR2E034 (10/02)