

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT# P00000101199**

1. Entity Name

JET SERVICE RESTORATION, INC.**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90117 025 ***150.00

C0053025

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1986 NE 5TH STREET #04
DEERFIELD BEACH, FL 33441**1986 NE 5TH STREET #04**
DEERFIELD BEACH, FL 33441

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.,

Suite Apt. #, etc.,

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1050148

Applied For

Not Applicable

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

TELLI, RICARDO**1986 NE 5TH STREET #04****DEERFIELD BEACH, FL 33441**

Name

RIBEIRO, MARCO FELIX

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

1986 NE 5TH STREET #04

City

DEERFIELD BEACH

FL

Zip Code

33441

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)

01/19/01

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PSD	TELLI, RICARDO	1986 NE 5TH STREET #04	DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/>						
VPDT	RIBEIRO, MARCO FELIX	1986 NE 5TH STREET #04	DEERFIELD BEACH, FL 33441	<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N 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

01/19/01**(954) 570-7649**

Date

Daytime Phone