

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2003 8:00 am
Secretary of State

06-06-2003 90044 012 ***150.00

DOCUMENT# P0000101199
 1. Entity Name
JET SERVICE RESTORATION, INC.

| | |
|---|---|
| Principal Place of Business 1986 NE 5TH STREET #04 DEERFIELD BEACH FL 33441 | Mailing Address 1986 NE 5TH STREET #04 DEERFIELD BEACH FL 33441 |
|---|---|

| | |
|--|--|
| 2. Principal Place of Business 5183 NE 15 TH AVENUE Suite Apt.#, etc. | 3. Mailing Address 5183 NE 15 TH AVENUE Suite. Apt. #. etc. |
|--|--|

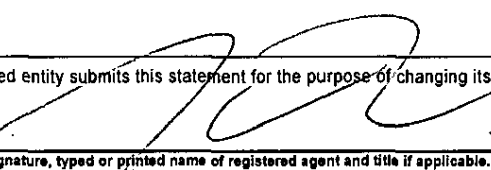
| | |
|---|---|
| City & State POMPANO BEACH - FL | City & State POMPANO BEACH - FL |
| Zip 33064 | Country USA |

| | |
|---|--|
| 4. FEI Number 651050148 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RIBEIRO, MARCO F
1986 NE 5TH STREET #04
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent
 Name
RIBEIRO, MARCO F
 Street Address (P O. Box Number is Not Acceptable)
5183 NE 15 TH AVENUE
 City
POMPANO BEACH FL Zip Code **33064**

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  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2003 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 PRESIDENT | <input type="checkbox"/> Delete |
| NAME RIBEIRO, MARCO F | |
| STREET ADDRESS 5183 NE 15 TH AVENUE | |
| CITY-ST-ZIP POMPANO BEACH, FL 33064 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:  DATE: **06/03/2003** (954)295-0621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Attachment
80124831

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2002 Uniform Business Report (UBR)
409 East Gaines Street
Tallahassee, FL 32399

Re: *Filing of Uniform Business Report 2003*

P00000101199

JET SERVICE RESTORATION, INC.

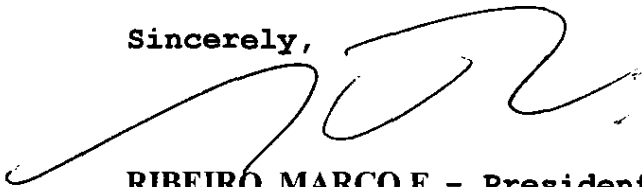
To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form by the mail.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 and accept the filling of our attached UBR, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 725-4600 and speak to Mr. Breno Gomes.

Sincerely,



RIBEIRO, MARCO F. - President
JET SERVICE RESTORATION, INC.
5183 NE 15TH AVENUE
POMPANO BEACH, FL 33064
PHONE (954) 295-0621