

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

FILED

02 MAR 12 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01 000 118 125*

1. Entity Name

JETS OF REGENCY LAKES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

601 North Federal Highway
Suite, Apt. #, etc.

3. Mailing Address

601 N. Federal Highway
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach FL

Zip

33062

Country

USA

City & State

Pompano Beach FL

Zip

33062

Country

USA

4. FEI Number

47-0846896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOHN P. FENNER, Esq.

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

2840 NW Boca Raton Blvd

Suite 107

City

Boca Raton

FL

Zip Code

33431

**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

John Fenner *JOHN P. FENNER*

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

(NOTE: Registered Agent Signature required when reinstating)

3/6/02

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 *Raymond A. Karam, Jr.*
STREET ADDRESS *601 N. Federal Highway*
CITY - ST - ZIP *Pompano Beach FL 33062*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

700005109867-4
-03/15/02-01016-029
*****150.00 ****50.00*
LB

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IN THIS SPACE**

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]

RAYMOND A. KARAM, Jr.

3/5/02 (954) 943-5387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #