

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90052 011 ***158.75

DOCUMENT # P01000118180

1. Entity Name

WORLD JET EXPRESS INC.

Principal Place of Business

**221 S.W. 22ND AVE.
 SUITE 257
 MIAMI FL 33135**

Mailing Address

**221 S.W. 22ND AVE.
 SUITE 257
 MIAMI FL 33135**

2. Principal Place of Business

3. Mailing Address

2121 PONCE DE LEON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
240

City & State

City & State
CORAL GABLES, FL

Zip

Country

Zip

33134

Country

4. FEI Number

☒ 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

**MILLAN, STEPHEN T ESQ.
 9155 SOUTH DADELAND BLVD.
 SUITE 1412
 MIAMI FL 33156**

Name **PRATS, GABRIEL**

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

**2121 PONCE DE LEON BLVD.
 SUITE 240**

City

CORAL GABLES

FL

Zip Code
33134

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **COLAVITA, FRANCISCO C**
 STREET ADDRESS **1544 ARTHUR STREET APT. #3**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

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

TITLE **SVD** ☐ Delete
 NAME **CONTRERAS, ADELVIS**
 STREET ADDRESS **1544 ARTHUR STREET APT. #3**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 Block 12 if 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

Date

Daytime Phone #

CR2E034 (9/01)