

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90644 022 ***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
2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES FL 33134



2. Principal Place of Business
4995 NW 72 AVE

3. Mailing Address

Suite, Apt., etc.
#2

Suite, Apt., etc.

City & State
MIAMI, FLORIDA

City & State

Zip
33166

Country
USA

Zip

Country

4. FEI Number 02-055203L

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

PRATS, GABRIEL
2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PD
NAME COLAVITA, FRANCISCO C ☐ Change ☐ Addition
STREET ADDRESS 6823 W 36 AVE APT #104
CITY-ST-ZIP HEALEAH, FL 33018-2978

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

TITLE SVD
NAME CONTRERAS, ADELVIS ☐ Change ☐ Addition
STREET ADDRESS 6823 W 36 AVE APT #104
CITY-ST-ZIP HEALEAH, FL 33018-2978

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 601, Florida Statutes, and that my name appears in the report as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRANCISCO C COLAVITA

03-21-03 (305) 500-9884

Date

Daytime Phone #

CR2E034 (10/02)