2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # P9400043019 JB AIRCRAFT LEASING, INC. 02-05-2001 90072 038 ***150.00 Principal Place of Business Mailing Address 9990 SW 77TH AVENUE PO BOX 523291 MIAMI FL 33152 STE 330 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0515201 Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARCOLIS, JOHN A Street Address (P.O. Box Number is Not Acceptable) 9990 SW 77TH AVENUE SUITE 330 **MIAMI FL 33156** City Zip Code FL 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Bonner, Esperanza M. Schange TITL F TITLE **Delete** SERRANO, JUAN R NAME NAME STREET ADDRESS 9990 SW 77TH AVENUE STREET ADDRESS izası S. Glusa club Dr. CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33156** ☐ Addition □ Delete TITLE Change NAME BONNER, JOHN F NAME STREET ADDRESS 9990 SW 77TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI-FL-33156- --CITY-ST-ZIP-Addition Delete TITLE Millon Esperanza Change TITLE BONNER, ESPERANZA M NAME NAME 1251 Redbird Ave. STREET ADDRESS 9990 SW 77TH AVENUE STREET ADDRESS 33166 F١ CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-7IP HIGMI Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

H. Bonner OI