FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90132 021 ***150.00

1. Entity Name: P96000012043
R. A. Microjets, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8224 [redacted] S. River Dr	8224 NW S. River Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Medley Fl ~~33166~~	City & State: Medley Fl
Zip: 33166 Country: USA	Zip: 33166 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0690874 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Reinol A. Gonzalez
Street Address (P.O. Box Number is Not Acceptable): 13877 SW 44 St
City: Davie, Fl **FL** Zip Code: 33330

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: _____ Reinol Gonzalez Pres. 4/16/02
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) ☐

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**

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Reinol A. Gonzalez 13877 SW 44 St Davie Fl 33330
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Albert Araujo 8224 NW S. River Dr. Medley Fl 33166
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CR2E034B (12/01)

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: _____ Reinol Gonzalez 4/16/02 305-863-1970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #