

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90251 041 ***150.00

DOCUMENT # *P96000018280*

1. Entity Name

JORIKAH'S Air Service, Inc.



DO NOT WRITE IN THIS SPACE

11017510

2. Principal Place of Business

5173 NW 74th Av.

3. Mailing Address

5173 NW 74th Av.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

Applied For
Not Applicable

Zip

33166

Country

Zip

33166

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Spiegel & Utrera, P.A.*

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

1840 Coral Way, 4th Floor

City

FL

Zip Code

**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. 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 resigning)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<i>PS</i>
NAME	<i>SCHULZ, EVA K</i>
STREET ADDRESS	<i>9140 Collins Av. #K</i>
CITY - ST - ZIP	<i>JURTSIDE FL 33154</i>
TITLE	<i>VT</i>
NAME	<i>Schulz Johannes R</i>
STREET ADDRESS	<i>Rugenb Crg P</i>
CITY - ST - ZIP	<i>Witzburg Germany 24558</i>
TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like employed.

SIGNATURE:

Gale Schultz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23.4.03

Date

305-528-5314

Daytime Phone #

CR2ED34B (12/02)