

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

10/2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 10 PM 4:01

DOCUMENT # P96000027234
1. Entity Name
JRM AIRCRAFT MAINTENANCE CORPORATION

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5600 NW 36 ST.
Suite, Apt. #, etc.
SUITE 344
City & State
Miami, FL 33178
Zip
33178 Country
US

3. Mailing Address
PO BOX 998645
Suite, Apt. #, etc.
City & State
Miami, FL 33299
Zip
33299 Country
US

4. FEI Number
65-0657468
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Tomas Romero
Street Address (P.O. Box Number is Not Acceptable)
5600 NW 36 ST. SUITE 344
City
Miami FL Zip Code
33178

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
7/5/02

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 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tomas Romero, President
4788 NW 103 CT.
Miami, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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-07/15/02--01083--004
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Jose L. Cruz
6210 W. 6th Ave
Hialeah, FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
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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 on any attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
7/5/02
Daytime Phone #
(786) 395-1770

CR2E034B (12/01)

10/10/02