2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 15, 2001 8:00 am **DOCUMENT # P9700009305** Secretary of State 1. Entity Name JET AIRCRAFT, INC. 02-15-2001 90021 030 ***158.75 Principal Place of Business Mailing Address 3202 NW 99 PLACE 3202 N.W. 99TH PLACE MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 700 5. ROYAL POINCIANA BLUD 700 S. ROYAL POINCIANA BLUD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 5U1T& 500 50ME 500 Applied For City & State 4. FEI Number City & State 65-0808074 MIAMI FLORIDA Not Applicable MIAMI FLORIDA Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired MIAMI-DADE Fee Required MIPMI-DADE 33/66 33*166* 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEPONTES, LEANDRO Street Address (P.O. Box Number is Not Acceptable) 3202 N.W. 99TH PLACE 7005. ROYAL POINCIANA BLUD SUITE 500 MIAMI FL 33172 MIAMI, PC 33166 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PRESIDENT, DIRECTOR, SECPETARY ☐ Delete TITLE TITLE LEANDRO DEPONTÉS DEPONTES, LEANDRO NAME NAME 7005. ROYAL POINCIANA BLUD SUITE 500 STREET ADDRESS STREET ADDRESS 3202 N.W. 99TH PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33166 **MIAMI FL 33172** VICE PRESIDENT, TRESSURER Change **★** Addition TITLE ☐ Delete TITLE LAUREAN DEPONTES NAME NAME 700 S. ROYAL POINCIANA BLUD SUITE SOU STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI, FL33166 ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

NAME



☐ Delete

☐ Delete

SAN 15/01

305-888-2227

☐ Change

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Daytime