

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045590

1. Entity Name

JET TRANSMISSION INC.

R

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90104 022 ***150.00

Principal Place of Business

4681 S STATE ROAD 7
DAVIE FL 33314

Mailing Address

4681 S STATE ROAD 7
DAVIE FL 33314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0765632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADONI, MOSHE
4681 S STATE ROAD 7
DAVIE FL 33314

Name

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

City

FL

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.

(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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS ADONI, MOSHE
CITY-ST-ZIP 4681 S. STATE RD. 7
DAVIE FL 33314

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/00
Date

Daytime Phone #

CR2E034 (5/00)

Attachment #970000 45590
AW93279

JET TRANSMISSION INC.
4681 S. STATE ROAD 7
DAVIE, FL 33314

August 14, 2000

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, Florida 32303-1500

Dear Sir or Madam:

Enclosed please find my check for \$150.00 to renew my corporation. I never received the first notice and request that you please waive the penalty.

I always depended on my accountant to tell me when to pay any of these fees and taxes. My accountant got sick and I was in between getting a new accountant. This penalty is very severe and will create hardship on my business.

Please accept this check and renew my corporation for the year 2000.

Thank you in advance for your understanding.

Sincerely,



Moshe Adoni, President