

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052883

1. Entity Name
JET INDUSTRIES, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90086 017 ***150.00

Principal Place of Business
**2665 S. BAYSHORE DR., STE. 800
MIAMI FL 33133**

Mailing Address
**2665 S. BAYSHORE DR., STE. 800
MIAMI FL 33133**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0760194**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CALLEJAS, MARIA C
2665 S BAYSHORE DRIVE
8TH FLOOR
MIAMI FL 33133**

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
SPIERER, S. JAMES CEO
1100 SCHWAB ROAD
HATFIELD PA 19440**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
Charles Ayres
130 LIBERTY ST 25th FLR
NY, NY 10006**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TC
BROWN, CHARLES A
1100 SCHWAB RD
HATFIELD PA**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
Phyllip T. George MD
2601 50 BAYSHORE DR #725
MIAMI FL 33133**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPO
TEMPLETON, TROY D
2665 S BAYSHORE DR, 8TH FL
MIAMI FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**AS
KUFFNER, MARILYN D
2665 S BAYSHORE DRIVE, 8TH FL
MIAMI FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
KUFFNER, MARILYN D
2665 S BAYSHORE DR. Ste 800
MIAMI FL 33133**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**COBD
POWELL, EARL W
2665 S. BAYSHORE DR., 8TH FLOOR
MIAMI FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN D. KUFFNER

1-17-00

Date

3058582200

Daytime Phone #

CR2E034 (10/00)