

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90048 028 \*\*\*150.00

**DOCUMENT # P98000003859**

1. Entity Name

**JAKS AIRLINE & AIRCRAFT SERVICES, INC.**

Principal Place of Business

7910 NW 25 ST  
 #208  
 MIAMI FL 33122

Mailing Address

7910 NW 25 ST  
 #208  
 MIAMI FL 33144-2039

2. Principal Place of Business

**8390 W. FLAGLER STREET**

3. Mailing Address

**8390 W. FLAGLER STREET**

Suite, Apt. #, etc.

**211**

Suite, Apt. #, etc.

**211**

City & State

**Miami, FLORIDA**

City & State

**Miami, FLORIDA**

Zip

**33144**

Country

**USA**

Zip

**33144**

Country

**USA**

4. FEI Number

**65-0805336**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SCIARROTTA, JOSEPH**  
**7910 NW 25 ST**  
**#208**  
**MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name **Sciarrotta, JOSEPH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8390 W. FLAGLER Street**  
**Suite 211**  
 City **Miami** FL Zip Code **33144**

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

*Joseph Sciarrotta*

*January 13, 2000*

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCIARROTTA, JOSEPH</b> <b>7910 NW 25 ST #208</b> <b>MIAMI FL 33122</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Sciarrotta, Joseph</b> <b>8390 W. FLAGLER Street</b> <b>Suite 211</b> <b>Miami, FLORIDA 33144</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Joseph Sciarrotta, Its PRESIDENT JAN. 13, 2000* <sup>305</sup> **227 7797**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)