

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90114 038 ***150.00

DOCUMENT #

1. Entity Name

PA 8 000003859
Jaks Airline + Aircraft Svc. Inc.

DO NOT WRITE IN THIS SPACE

70036561

2. Principal Place of Business

5731 NW 37th St

3. Mailing Address

5731 NW 37th St

Suite, Apt. #, etc.

504

Suite, Apt. #, etc.

504

City & State

Miami, FL

City & State

Miami, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. FEI Number

05-0805336

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Joe Scianotta

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

5731 NW 37th St #504

City

Miami

FL

Zip Code

33146

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

X Joseph Scianotta

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/03

DATE

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
P.D.
Joseph Scianotta
5731 NW 37th St #504
Miami, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 an attachment with an address, with all other like empowered

SIGNATURE:

X Joseph Scianotta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03

Date

305 790 1681

Daytime Phone #

CR2E034B (12/01)