2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023463 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name FLEXJET, INC. 04-25-2000 90015 020 ***150.00 Principal Place of Business Mailing Address 1400 N.W. 107TH AVENUE 1400 N.W. 107TH AVENUE MIAMI FL 33172 MIAMI FL 33172-2746 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State 65-0820477 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEVY, JOEL Street Address (P.O. Box Number is Not Acceptable) 1400 N.W. 107TH AVENUE **MIAMI FL 33172** Zip Code City 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 Fiorida. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPCE ☐ Change ☐ Addition TITLE ☐ Delete TITLE ADLER, MICHAEL M NAME NAME STREET ADDRESS 1400 N.W. 107TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 DEAS DIEVIAS Change Addition ☐ Delete TIT! F TITLE LEVY, JOEL NAME NAME 1400 N.W. 107TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM) FL 33172 ☐ Addition ☐ Change ☐ Delete TITLE TITLE ARRIZURIETA, LUIS NAME NAME 1400 N.W. 107TH AVENUE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Change ☐ Addition Delete TITLE TITI F ADLER, LINDA NAME NAME 1400 N.W. 107TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP ☐ Addition Change Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Linda K. Adler Assistant

3/26/01