A M E N D E D

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031478

1. Entity Name

JET WAY TRANSPORTATION INC:

FILED
00 DEC -7 AM 10: 32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business: 7704 Clementine Way, Orlando FL 32819

Mailing Address: SAME

Amended UBR

2. Principal Place of Business	3. Mailing Address
7704 CLEMENTINE WAY	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State
Zip: 32819 / Country: USA	Zip / Country

4. FEI Number: 59-3507418 — 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
RICARDO LUIS ALVES	Name
7704 CLEMENTINE WAY	Street Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32809	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 X
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: President NAME: Ricardo Luis Alves STREET ADDRESS: 7704 Clementine Way CITY-ST-ZIP: Orlando Fl 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300001[illegible]019 2 *****61.25
TITLE: Vice-President NAME: Nilciene M. Alves STREET ADDRESS: 7704 Clementine Way CITY-ST-ZIP: Orlando Fl 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300001[illegible]019 2 *****61.25
TITLE: D NAME: CORTELAZZO;Claudio STREET ADDRESS: 7200 Lake Ellenor Dr. STE 207 CITY-ST-ZIP: Orlando -Fl 32809	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300003505943--2 -12/13/00--01062--019 *****61.25 *****61.25
TITLE: D NAME: CORTELAZZO, Magali STREET ADDRESS: 7200 Lake Ellenor STE 207 CITY-ST-ZIP: Orlando Fl 32809	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: CORTELAZZO, Patrick STREET ADDRESS: 7200 Lake Ellenor STE 207 CITY-ST-ZIP: Orlando FL 32809	☒ 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 KE

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: X 10/29/00 407-352-2205

CR2E034 (5/00)