## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 02, 2003 8:00 am § Secretary of State P98000094918 DOCUMENT # 1. Entity Name 05-02-2003 90712 013 \*\*\*150.00 JETMARK AVIATION SERVICES, INC. Principal Place of Business Mailing Address 7270 NW 12TH ST. 7270 NW 12TH ST.2ND AVE. SUITE 745 SUITE 745 **MIAMI FL 33126** MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0875584 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE -**PSTD** Delete TITLE Change Addition NAME PORRAS, TONY NAME STREET ADDRESS 7270 NW 12TH ST. SUITE 745 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33126** CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME PORRAS, JOSE A NAME STREET ADDRESS 7270 NW 12TH ST. SUITE 745 STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP MIAMI FL 33126 ☐ Change ☐ Defete TITLE Addition TITLE CEO NAME NAME PORRAS, TONY STREET ADDRESS STREET ADDRESS 7270 NW 12TH ST. SUITE 745 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33126 TITLE ... Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

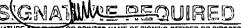
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



CR2E034 (10/02)

**FILED**