

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006593

1. Entity Name

L.G.N. JET SERVICES INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90123 041 ***150.00

Principal Place of Business

Mailing Address

116 IROQUOIS ST.
 MIAMI, FL 33166

116 IROQUOIS ST.
 MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0890417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NAVARRO, LUIS G.
 116 IROQUOIS ST.
 MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name

CARLOS CAMPOS

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

8200 NW 10 ST.

APT. B2

City

MIAMI

FL

Zip Code

33126

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

Carlos Campos

5-1-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME CARLOS CAMPOS
 STREET ADDRESS 8200 NW 10 ST # B2
 CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Carlos Campos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5-1-2000

Date

(305) 887-7855

Daytime Phone #

CR2E083 (1/199)