

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034372

1. Entity Name

JET CORPORATE TRANSPORTATION AND LIMOUSINE, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90356 026 ***150.00

Principal Place of Business	Mailing Address
% JET LIMOUSINE INC. P.O. BOX 21831 FT. LAUDERDALE FL 33315	% JET LIMOUSINE INC. P.O. BOX 21831 FT. LAUDERDALE FL 33335-1831

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0908882	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
CREAGER, DUNCAN 1949 PIERCE ST. HOLLYWOOD FL 33020	Name: ERICA STUART Street Address (P.O. Box Number is Not Acceptable): 6835 Sunset Strip City: Sunrise FL Zip Code: 33313

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 _____ (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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
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: Timothy Hassan NAME: Timothy Hassan STREET ADDRESS: P.O. Box 21831 CITY-ST-ZIP: Ft. Land, FL 33335	TITLE: Valerie Hassan NAME: Valerie Hassan STREET ADDRESS: P.O. Box 21831 CITY-ST-ZIP: Ft. Land, FL 33335
TITLE: Robert Shannon NAME: Robert Shannon STREET ADDRESS: P.O. Box 21831 CITY-ST-ZIP: Ft. Land, FL 33335	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000

(954)
327-0908

CR2E034 (9/99)