2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000043719** GLOBAL JET ALLIANCE, INC. Principal Place of Business Mailing Address 777 SOUTH FLAGLER DR. SUITE 300 E 777 SOUTH FLAGLER DR. SUITE 300 E . . . WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 701 W. Cypness GEER RO. Suite, Apr. #, etd 701 W. CYPRESS CREEK RD 20 ute Juste 30 City & State LAUDERDALE WOERDALE Zip Country 33309 USA USA

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

CORPORATION SERVICE COMPANY

TALLAHASSEE FL 32301-2525

9. This corporation is eligible to satisfy its Intangible

WIGHT, RUSSELL B JR

278 S MAYA PALM DR

BOCA RATON FL 33432

278 S MAYA PALM DR

BOCA RATON FL 33432

WILLIAMSBURG VA 23185

WILLIAMSBURG VA 23185

SONSON, CHARLES V

WIGHT, MELISSA

SONSON, JULIE A

8 HIAWATHA CT

8 HIAWATHA CT

Tax filing requirement and elects to do so.

(See criteria on back)

1201 HAYS STREET

SIGNATURE

11.

TITLE

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

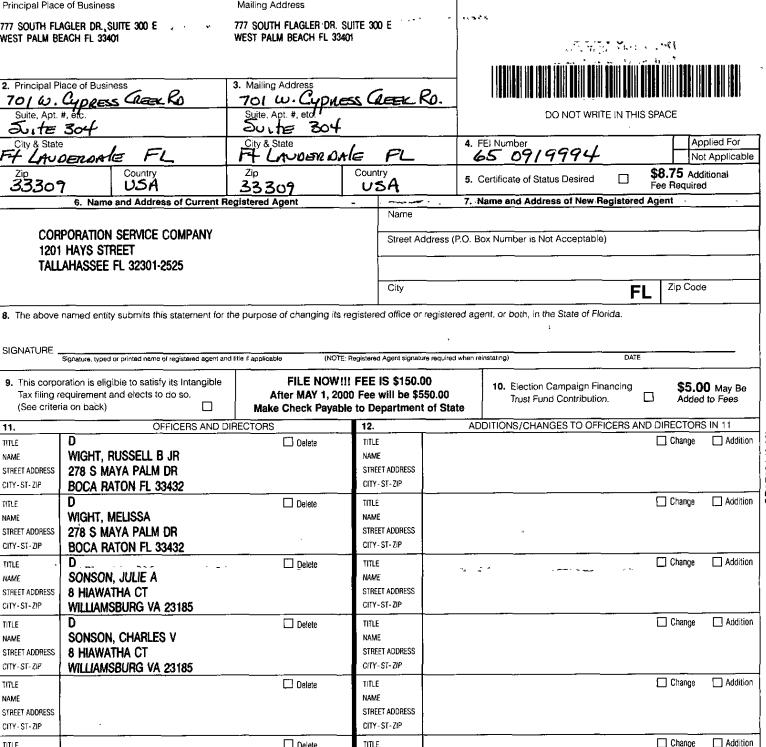
CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIE

Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90095 017 ***150.00



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.

Name

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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12.

TITLE

NAME

TITLE

NAME

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NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

CHARLES VILLOUSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-171-5152