2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000046943 Jan 28, 2000 8:00 am **Secretary of State** JADAIR INTERNATIONAL, INC. 01-28-2000 90123 027 ***150.00 Principal Place of Business Mailing Address 5414 POINT VILLA DR 5414 POINT VILLA DR LIGHTHOUSE POINT FL 33064-7061 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address P.O. BOX 100591 P.O. BOX 100591 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For FT. LAUDERDALE, FL City & State 4. FEI Number FT. LAUDERDALE, FL 65-0924129 Not Applicable Country \$8.75 Additional ^{Zip} 33310–0591 Country USA 33310-0591 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOUGLAS, JAMES A JR Street Address (P.O. Box Number is Not Acceptable) 5414 POINT VILLA DR LIGHTHOUSE POINT FL 33064 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE PD ☐ Detete TITLE NAME NAME DOUGLAS, JAMES A JR STREET ADDRESS STREET ADDRESS P O BOX 100591 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33310-0591 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 amount etc.

James

SIGNATURE:

Douglas, Jr.