

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000046943**

1. Entity Name

JADAIR INTERNATIONAL, INC.**FILED**
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90556 026 ***150.00

0252406

Principal Place of Business

Mailing Address

**PO BOX 100591
FT LAUDERDALE FL 33310-0591
US****PO BOX 100591
FT LAUDERDALE FL 33310-0591
US**

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 **65-0924129**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DOUGLAS, JAMES A JR
5414 POINT VILLA DR
LIGHTHOUSE POINT FL 33064**

Name

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

City

FL Zip Code
33064-7061

7. Name and Address of New Registered Agent

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.

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, JAMES A JR P O BOX 100591 FT LAUDERDALE FL 33310-0591 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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

James A. Douglas, Jr. **2/20/01** **(954) 462-0280**

Date

Daytime Phone #

CR2E034 (10/00)