## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR

## **FILED** DOCUMENT # **P99000056073** May 12, 2000 8:00 am **Secretary of State** SOUTHEAST JET HOLDINGS, INC. 05-12-2000 90040 029 \*\*\*150.00 Principal Place of Business Mailing Address W CO MMEN FT LAUDERDALE FL 33309-7130 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JARVIS, JAMES W Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVENUE STE 145 CORAL GABLES FL 33146 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME POSSATI, MARCO 1995 W Convencial (20) STREET ADDRESS 5535 NW-23RD AVE HANGER 18 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 ☐ Addition ☐ Change TITLE 199Ta Connecial glis NAME LIMA, ROGER NAME 5535 NW-23RD AVE TRANGER-16 STREET ADDRESS STREET ADDRESS SUITEL CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 ☐ Change ■ Addition TITLE TITI F 1997 W COMMENCIAL BLAD NAME DE SOUZA, IVAN NAME \$5<del>35-NW 29RD-AVE THANGER\*</del>46 STREET ADDRESS STREET ADDRESS SUITEL CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE 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 trusted 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 the information indicated on 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 the information indicated on 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.

SIGNING OFFICER OR DIRECTOR