

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000074006

1. Entity Name

JM AVIATION CONSULTANT INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-19-2000 90046 001 ***150.00

Principal Place of Business Mailing Address
881 SAND CREEK CIRCLE 881 SAND CREEK CIRCLE
WESTON FL 33327 WESTON FL 33327-1203

2. Principal Place of Business 3. Mailing Address
631 NW 82 Ave 631 NW 82 Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
#210 #210
City & State City & State
Miami, FL Miami, FL
Zip Country Zip Country
33126 USA 33126 USA



DO NOT WRITE IN THIS SPACE
65-0941421

4. FEI Number Applied For
65-0941421 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MATOS, JOSE
881 SAND CREEK CIRCLE
WESTON FL 33327

7. Name and Address of New Registered Agent
Name JOSE MATOS
Street Address (P.O. Box Number is Not Acceptable)
631 NW 82 Ave #210
City Miami, FL Zip Code 33126

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MATOS, JOSE	
STREET ADDRESS	881 SAND CREEK CIRCLE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATOS, JOSE	
STREET ADDRESS	631 NW 82 Ave #210	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date

Daytime Phone #

305-263-7355