

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90131 019 \*\*\*150.00

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**DOCUMENT # P99000074006**

1. Entity Name  
**JM AVIATION CONSULTANT INC.**



Principal Place of Business  
**10195 NW 51 LANE  
MIAMI FL 33178**

Mailing Address  
**10195 NW 51 LANE  
MIAMI FL 33178**

2. Principal Place of Business  
**8310 CARDINAL RD.**

3. Mailing Address  
**8310 CARDINAL RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**FT MYERS, FL.**

City & State  
**FT MYERS, Florida.**

4. FEI Number  
**65-0941421**

Applied For  
Not Applicable

Zip  
**33912**

Country  
**U.S.A.**

Zip  
**33912**

Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATOS, JOSE  
10195 NW 51ST LANE  
MIAMI FL 33178**

Name  
**JOSE MATOS**

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

**8310 CARDINAL ROAD.**

City  
**Fort MYERS**

FL Zip Code  
**33912**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4/11/03.**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MATOS, JOSE  
10195 NW 51ST LANE  
MIAMI FL 33178**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD.  
JOSE MATOS  
8310 CARDINAL RD.  
FT. MYERS, FL. 33912**

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 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  
**4/11/03**

Daytime Phone #  
**305-586 7629.**

CR2E034 (10/02)