2000 UNIFO	RM BUSINESS	REPOR	T (UBR)		*		70	
DOCUMENT # P990000 89534					Section 19		(
JETS LIMOUSING, SEDAN + TEANSPORTATION YNC				2	FILED			
Principal Place of Business Mailing Address				-	00 OCT 23 AM 9: 42			
DRIANDO, FLORISA. 2417 CHADWICK CT ORLANDO, TC 32818					SECRETARY OF STATE: TALLAHASSEE, FLORIDA			
2. Principal Place of Business SAME	3. Mailing A	3. Mailing Address						
Suite, Apt. #, etc. SAME		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE A FEL Number Applied For			
City & State	City & St	City & State		4. FEI Number 59 - 36 Y	3348	——————————————————————————————————————	Applicable	
Zip SANB Co.	untry Zip	С	ountry	5. Certificate of S		\$8.75 Addition	onal	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
JEFF WONG JAME 2417 CHADWICE CT				JETPE WOTUG				
JAME 2	417 CHADWICE	.Ca	Street Add	ress (P.O. Box Number is	P.O. Box Number is Not Acceptable)			
	REANDO, FL 3		()	RLAWDU,	PC 32818			
			City		F	Zip Code		
8. The above namedianity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typeg/or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE								
9. This corporation is eligible to satisfy its Intangible Tax tilling Tequirement and electis to do so. (See criteria on back) FILE NOWILI FEE IS \$150.00 Atter MAY 1, 2000 Fee will be \$850.00. Trust Fund Contribution. Added to Fees								
11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CH	ANGES TO OFFICERS A	ND DIRECTORS I	N 11 Addition	
	ong Adwick CT	L_I Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. 40	0000345	- 8074-	2	
TITLE OCCUPANT	26, FC 32818	☐ Delete	TITLE		-11/09/00- ****158.7	5 - ******* 15	Add Hon	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ī	□ Delete	TITLE . NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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 of 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 TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #								

JETS LIMOUSINES

ORLANDO go for the Magic

Dear Sir/madam. Can you kindly waive my late Charge and did not receive my uniform report business at the seven as time. Kindley, grant me this one-time and wave my late charges.

Thank you.

Ec 600 \$ 150.00 plus \$ 8 8