

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S62940

1. Entity Name

JET-SET INTERNATIONAL SERVICES, INC.

Principal Place of Business  
6000 BISCAYNE BOULEVARD  
MIAMI FL 33137

Mailing Address  
6000 BISCAYNE BOULEVARD  
MIAMI FL 33137

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 65-0271369

Applied For

Not Applicable

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

HENRIQUEZ, SIGFREDO  
13485 N.E. 2ND AVENUE  
N. MIAMI FL 33161

Name HENRIQUEZ, SIGFREDO

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

18263 NW 20 ST

City PEMBROKE PINES

FL

Zip Code 33029

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 State

10. 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

TITLE P  
NAME HENRIQUEZ, SIGFREDO  
STREET ADDRESS 13485 N.E. 2ND AVENUE  
CITY-ST-ZIP NORTH MIAMI FL ☐ Delete

TITLE PRESIDENT  
NAME HENRIQUEZ, SIGFREDO  
STREET ADDRESS 18263 NW 20 ST  
CITY-ST-ZIP PEMBROKE PINES, FL 33029 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 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 #

FILED  
Mar 12, 2001 8:00 am  
Secretary of State

03-12-2001 90483 003 \*\*\*150.00

C0033098



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)