2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$63347 May 22, 2000 8:00 am Secretary of State 1. Entity Name JET-MAR, CORP. 05-22-2000 90021 013 ***158.75 Mailing Address Principal Place of Business 144 W 18 ST. 144-W-18-85 HIALEAH FL 93010-3018-HIALEAH FE 33010 -10871 N.W. 335t. 10171 N.W. 3361 miami-j=1.33172 MIANI-F/. 33172 2. Principal Place of Business 3. Mailing Address 10871 N.W. 33 St. 10871 N.W. 33 STREET. Suite, Apt. #, etc. 1 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0272478 MIAMI MIAMI, FL. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired -U.S. A. 33/72 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANUEL MANUEL A. SARMIENA SARMIENTO, NAMUEL-Street Address (P.O. Box Number is Not Acceptable) 10871 N.W. 33RD STREET MIAMI FL 33172 MIAMI 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. MANUEL A. SARMIENTO 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. PRES. ITREASURER MANUEL A. SARMIEN to Delete TITLE. TITLE LOPEZ-CHAVEZ, CARLOS NAME NAME 10871 N.W. 33 STREET. STREET ADDRESS 114 W 16 ST. STREET ADDRESS MIAMI, FL. 33172 V-PRES. 1 SECRETARY CITY-ST-7IP CITY-ST-ZIP HIALEAH FL Addition ☐ Change ST ☑ Delete TITLE TITLE ISABEL M. SARMIENTO, LOPEZ-CHAVEZ, CARLOS NAME NAME 10871 N.W. 32 STREET STREET ADDRESS STREET ADDRESS 114 W 16 ST. CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL MIAMI FL. 33172. ☑ Delete ☐ Change ☐ Addition TITLE TITLE MARRERO, JACQUELINE NAME STREET ADDRESS 114 W 16TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change 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 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylore Phone #

changed, or on an attachment with an address, with all other like empowered