

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

0149892

**DOCUMENT # J48143**

02-12-2001 90244 009 \*\*\*158.75

1. Entity Name  
**JUFRAUN CORPORATION**

Principal Place of Business <b>777 BRICKELL AVENUE          1390          MIAMI FL 33131          US</b>	Mailing Address <b>777 BRICKELL AVENUE          1390          MIAMI FL 33131          US</b>
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**00018342**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0131054</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>URRUELA, JUAN F.          777 BRICKELL AVE          1170          MIAMI FL 33131</b>				7. Name and Address of New Registered Agent			
				Name <b>URRUELA, JUAN F.</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>777 BRICKELL AVE.</b>			
				<b>1390</b>			
				City <b>MIAMI, FL</b>		Zip Code <b>33131</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>URRUELA NANNE, JUAN FRANCISCO</b> <b>777 BRICKELL AVE STE 1170</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>URRUELA NANNE, JUAN FRANCISCO</b> <b>777 BRICKELL AVE., STE 1390</b> <b>MIAMI, FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>URRUELA APARICIO, JUAN F.</b> <b>777 BRICKELL AVE STE 1170</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>URRUELA APARICIO, JUAN F.</b> <b>777 BRICKELL AVE., STE 1390</b> <b>MIAMI, FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>APARICIO DE URRUELA, LESBIA</b> <b>777 BRICKELL AVE STE 1170</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>APARICIO DE URRUELA, LESBIA</b> <b>777 BRICKELL AVE., STE 1390</b> <b>MIAMI, FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** **February 5, 2001** **305-374-0500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)