

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90129 034 \*\*\*150.00

**DOCUMENT # P00000047060**

1. Entity Name  
**JENNY'S FRUTERIA INC.**

Principal Place of Business Mailing Address  
**882 E. 41 STREET 882 E. 41 STREET**  
**HIALEAH FL 33013 HIALEAH FL 33013**

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 **65-1006180** 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**

**MARQUEZ, AMELIA**  
**5891 WEST 9TH LANE**  
**HIALEAH FL 33012**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD MARQUEZ, AMELIA 5891 WEST 9TH LANE HIALEAH FL 33012</b>	<input type="checkbox"/> Delete
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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: *Maria E. Marquez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date 7-1-2001 Daytime Phone # \_\_\_\_\_

CR2E034 (5/01)

Attachment 10721

#P00000047060

July 1/2007

Ref: Jany Fuentuna, Inc.  
812 E. 41 St.  
Miami, FL 33013  
Document # 00000047060

Division of Corporations  
Tallahassee, Fla.

Gentlemen: The reference of this letter is to inform, that in this date my neighbor gave me this document, and I found out that I had to submit this report annually. I really felt very bad, first because I just got this document today, and I read that this is going to cost me much more money, this is the first time I am in business, and this is very close. I hardly can survive, I beg from your dependency to help me in pay for my annual Report \$50.00 as it was supposed to be in time. I am aware from this filing from now on, and I appreciate your help in this situation, my business is picking up now, and I have to support my family. I implore for your help, awaiting from your reply.

Sincerely,

Maria B. Marquez