

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90009 003 ***150.00

DOCUMENT # **901000024224**

1. Entity Name

J.R. Professional Administrative Services, Inc.

DO NOT WRITE IN THIS SPACE

B0093371

2. Principal Place of Business

3. Mailing Address

8428 NW 103 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-103

City & State

City & State

Hialeah Gardens, FL.

4. FEI Number

651084434

Applied For

Not Applicable

Zip

Country

Zip

Country

33016

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jacqueline Rojas

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

8428 NW 103 St. C-103

City

Hialeah Gardens

FL

Zip Code

33016

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **President**
NAME **Jacqueline Rojas**
STREET ADDRESS **8428 NW 103 St C-103**
CITY-ST-ZIP **Hialeah Gardens, FL. 33016**

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CR2E0373 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jacqueline Rojas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02 (305) 822-7473

Date

Daytime Phone #