

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90015 018 ***150.00

DOCUMENT # P01000046444

1. Entity Name
JUMANI SERVICES, CORP.

Principal Place of Business
**8760 SW 133 AVE ROAD BUILDING 9 SUITE 114
MIAMI FL 33183**

Mailing Address
**8760 SW 133 AVE ROAD BUILDING 9 SUITE 114
MIAMI FL 33183**



2. Principal Place of Business
11472 NW 43 Terrace

3. Mailing Address
11472 NW 43 Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-1103513

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip
33178

Country
USA

Zip
33178

Country
USA

6. Name and Address of Current Registered Agent

MONTOYA, RAFAEL
**8760 SW 133 AVE ROAD BUILDING 9 SUITE 114
MIAMI FL 33183**

7. Name and Address of New Registered Agent

Name
Montoya, Rafael

Street Address (P.O. Box Number is Not Acceptable)
11472 NW 43 Terrace

City
Miami

FL

Zip Code
33178

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)

3/23/02
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, 2002 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

TITLE
PD

NAME
MONTOYA, RAFAEL

STREET ADDRESS
8760 SW 133 AVE ROAD BUILDING 9 SUITE 114

CITY-ST-ZIP
MIAMI FL 33183

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD

NAME
Montoya, Rafael

STREET ADDRESS
11472 NW 43 Terrace

CITY-ST-ZIP
Miami, FL 33178

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/02

Date

Daytime Phone #

0291326 AV

CR2E034 (9/01)