

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90035 008 ***150.00

DOCUMENT # P01000049425

1. Entity Name
R & J NEW VENTURES, INC.

Principal Place of Business 1636 OVIEDO GROVE CIRCLE APT. 22 OVIEDO FL 32765-7791	Mailing Address 1636 OVIEDO GROVE CIRCLE APT. 22 OVIEDO FL 32765-7791
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 W. Mitchell Hammock Rd Suite, Apt. #, etc.	3. Mailing Address 100 W. Mitchell Hammock Rd Suite, Apt. #, etc.
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City & State Oviedo FL	City & State Oviedo FL	4. FEI Number 593717721	Applied For <input type="checkbox"/> Not Applicable
Zip 32765	Country USA	Zip 32765	Country USA

6. Name and Address of Current Registered Agent ROBAYO, MANUEL 605 NIGHTHAWK CIRCLE WINTER SPRINGS FL 32708	7. Name and Address of New Registered Agent Name ROBAYO MANUEL Street Address (P.O. Box Number is Not Acceptable) 1636 Oviedo Grove Circle APT 22 City Oviedo FL Zip Code 32765
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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]* **MANUEL ROBAYO** DATE **1/7/02**

Signature of individual 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. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 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	D ROBAYO, MANUEL 605 NIGHTHAWK CIRCLE WINTER SPRINGS FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER / PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBAYO MANUEL 1636 Oviedo Grove Circle APT 22 Oviedo FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMENEZ, JULIETA 605 NIGHTHAWK CIRCLE WINTER SPRINGS FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JIMENEZ JULIETA 1636 OVIEDO GROVE CIRCLE APT 22 OVIEDO FL 32765
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
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
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
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: *[Signature]* **MANUEL ROBAYO** DATE **1/7/02** DAYTIME PHONE # **407 366 9700**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)