

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90104 026 \*\*\*150.00

**DOCUMENT # P94000067463**

1. Entity Name  
**JORGE ECHARTE, JR., INC.**

Principal Place of Business 6699 90TH AVE., N. PINELLAS PARK FL 33782 US	Mailing Address 6699 90TH AVE., N. PINELLAS PARK FL 33782 US
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104010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>742-2ND AVE S.</b>	3. Mailing Address <b>742-2ND AVE S.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ST. PETERSBURG, FL.</b>	City & State <b>ST. PETERSBURG, FL.</b>
Zip <b>33701</b>	Zip <b>33701</b>
Country <b>PINELLAS</b>	Country <b>PINELLAS</b>

4. FEI Number <b>59-3271147</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ECHARTE, J**  
**6699 90TH AVE N**  
**PINELLAS PK FL 33782**

7. Name and Address of New Registered Agent  
 Name: **ECHARTE, J.**  
 Street Address (P.O. Box Number is Not Acceptable):  
**742-2ND AVE. S.**  
 City: **ST. PETERSBURG FL** Zip Code: **33701**

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: **JORGE ECHARTE JR** DATE: **5-1-01**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>ECHARTE, JORGE JR</b> <b>267 RAFAEL BLVD. N.E.</b> <b>ST. PETERSBRG FL 33704</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **JORGE ECHARTE JR** DATE: **5-1-01** DAYTIME PHONE #: **725-541-1100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)