

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015943

1. Entity Name

J.J. ORE SERVICES, CORP.

FILED

Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90082 046 \*\*\*150.00

Principal Place of Business

159 NORTHEAST 7TH STREET  
#A  
MIAMI FL 33132

Mailing Address

159 NORTHEAST 7TH STREET  
#A  
MIAMI FL 33132-1800

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0937064

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

ORE, JULIO JORGE

~~2346 NW 107 AVENUE~~

~~SUNRISE FL 33322~~

8326 NW 7 ST. #124  
MIAMI, FL 33126

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

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) ☐

~~FILE NOW!!! FEE IS \$150.00~~

After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ORE, JULIO JORGE  
STREET ADDRESS ~~2346 NW 107 AVENUE~~ 8326 NW 7 ST. #124  
CITY-ST-ZIP ~~SUNRISE FL 33322~~ MIAMI, FL 33126

☐ Delete

TITLE D  
NAME ~~ORE, LUCY MARROQUIN~~  
STREET ADDRESS ~~2346 NW 107 AVENUE~~  
CITY-ST-ZIP ~~SUNRISE FL 33322~~

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D/  
NAME ORE, ROSA A.  
STREET ADDRESS 8326 NW 7 ST. #124  
CITY-ST-ZIP MIAMI, FL 33126

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/08/00