

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90153 008 \*\*\*150.00

**DOCUMENT # P98000015943**



1. Entity Name  
**J.J. ORE SERVICES, CORP.**

Principal Place of Business <b>365 NW 109 AVENUE UNIT 702 MIAMI FL 33172</b>	Mailing Address <b>365 NW 109 AVENUE UNIT 702 MIAMI FL 33172</b>
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2. Principal Place of Business <b>10812 SW 165 TERR</b>	3. Mailing Address <b>10812 SW 165 TERR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
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4. FEI Number <b>65-0937064</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33157</b>	Country <b>USA</b>	Zip <b>33157</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**ORE, JULIO JORGE**  
~~365 NW 109 AVENUE~~ **10812 SW 165 TERR**  
~~UNIT 702~~  
~~MIAMI FL 33172~~ **MIAMI FL 33157**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**\*Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>ORE, JULIO JORGE</b> <b>365 NW 109 AVENUE</b> <b>MIAMI FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>ORE, ROSA A</b> <b>365 NW 109 AVENUE</b> <b>MIAMI FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>ORE CHRISTIAN-ANDRA</b> <b>10812 SW 165 TERR</b> <b>MIAMI FL 33157</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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ORE JULIO JORGE</b> <b>10812 SW 165 TERR</b> <b>MIAMI FL 33157</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ORE ROSA A</b> <b>10812 SW 165 TERR</b> <b>MIAMI FL 33157</b>
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE: SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-03** **305 216 4363**  
Date Daytime Phone #

CR2E034 (10/02)