

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000586

1. Entity Name

JARABACOA, LTD.

FILED

00 JAN 27 AM 10:32

SECRETARY OF STATE
FLORIDA

Principal Place of Business

10800 SW 67TH CT.
MIAMI FL 33156

Mailing Address

10800 SW 67TH CT.
MIAMI FL 33156-3915

2. Principal Place of Business

10800 SW 67 CT

Suite, Apt. #, etc.

3. Mailing Address

10800 SW 67 CT

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

Zip

FL

Country

33156

Zip

FL

Country

33156

4. FEI Number

65-0460180

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE M
10800 SW 67TH CT.
MIAMI FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. Capital Contributions
as Shown on record.

\$9,075.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P93000035158
NAME MACORIX, INC.
STREET ADDRESS 10800 SW 67 CT.
CITY-ST-ZIP MIAMI FL 33156

DOCUMENT #
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100003121441-3
02/02/00 01101-002
***152.27 ***152.27

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/7/00