

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90048 019 ***150.00

DOCUMENT # P00000062774

1. Entity Name
JUCLAUER CORPORATION

Principal Place of Business
C/O ROTH, ROUSSO & BENJAMIN, P.A.
9350 SOUTH DIXIE HWY. PH 2
MIAMI FL 33156

Mailing Address
C/O ROTH, ROUSSO & BENJAMIN, P.A.
9350 SOUTH DIXIE HWY. PH 2
MIAMI FL 33156

2. Principal Place of Business
3440 Hollywood Blvd
 Suite, Apt. #, etc.
360

3. Mailing Address
3440 Hollywood Blvd
 Suite, Apt. #, etc.
360

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number
65-1021153

Applied For
 Not Applicable

Zip Country
33021 U.S.A.

Zip Country
33021 U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESO.
C/O ROTH, ROUSSO & BENJAMIN, P.A.
9350 SOUTH DIXIE HWY. PH 2
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name **ROTH, LEONARDO A. ESO**
 Street Address (P.O. Box Number is Not Acceptable)
3440 HOLLYWOOD BLVD, SUITE 360
 City **HOLOWOOD** FL Zip Code **3302**

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  **LEONARDO A ROTH, ESO** 4-27-01
 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, 2001 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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	VARS, JUAN JOSE	
STREET ADDRESS	ARROYO 863, #4 "A" (1007) BUENOS AIRES	
CITY-ST-ZIP	ARGENTINA	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	DE VARS, MARTA SUSANA D	
STREET ADDRESS	ARROYO 863, #4 "A" (1007) BUENOS AIRES	
CITY-ST-ZIP	ARGENTINA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **JUAN JOSE VARS** 4-27-01 954-322-4288
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0195424

CR2E034 (10/00)