

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2002 8:00 am
Secretary of State

07-14-2002 90051 008 ****55.00

DOCUMENT # L01000002643

1. Entity Name

JALO USA, L.L.C.

Principal Place of Business

**8275 N.W. 74 STREET
MIAMI FL 33166**

Mailing Address

**% NAGEL & FELIPE, LLP
888 BRICKELL AVENUE, 5TH FLOOR
MIAMI FL 33131**

970159



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3125 LA COSTA CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

APT # 102

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

Zip

34105

Country

USA

Zip

Country

4. FEI Number

65-1099633

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FELIPE, MARCELL J.D.
888 BRICKELL AVENUE, 5TH FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

GLORIA LONDONO

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

2010 MERLIN COURT

City

NAPLES

FL

Zip Code

34105

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)

JULY 5/2002

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JARAMILLO, EDUARDO	
STREET ADDRESS	8275 N.W. 74 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JULY 5/2002

Date

Daytime Phone #

941-2628597

CR2E083 (9/01)