

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90031 019 ****55.00

DOCUMENT # L01000002643

1. Entity Name

JALO USA, L.L.C.



Principal Place of Business

Mailing Address

3125 LA COSTA CIRCLE
APT #102
NAPLES FL 34105

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

2. Principal Place of Business

3. Mailing Address

3117 DOMINICA WAY

3117 DOMINICA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34119

Country

USA

Zip

34119

Country

U.S.A



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

LONDONO, GLORIA
2010 MERLIN COURT
NAPLES FL 34105

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JARAMILLO, EDUARDO
8275 N.W. 74 STREET
MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3117 DOMINICA WAY
NAPLES, FLORIDA 34119 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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

02/22/03 (239) 8490092

Date

Daytime Phone #

CR2E083 (10/02)

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