

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005604

Entity Name: JEB 2016, INC.

**FILED**  
**Feb 25, 2019**  
**Secretary of State**  
**9533949569CC**

**Current Principal Place of Business:**

C/O SALVATORE PURPURA  
6334 PUMPERNICKEL LANE  
MONROE, NC 28110

**Current Mailing Address:**

C/O SALVATORE PURPURA  
6334 PUMPERNICKEL LANE  
MONROE, NC 28110 US

FEI Number: 47-4178663

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

RODRIGUEZ, RAQUEL A  
200 SOUTH BISCAYNE BLVD STE 2600  
MIAMI, FL 33131 US

*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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BUSH, JEB JR.  
Address        C/O SALVATORE PURPURA  
                  6334 PUMPERNICKEL LANE  
City-State-Zip: MONROE NC 28110

Title            SECRETARY  
Name            RODRIGUEZ, RAQUEL  
Address        C/O SALVATORE PURPURA  
                  6334 PUMPERNICKEL LANE  
City-State-Zip: MONROE NC 28110

Title            TREASURER  
Name            SIMON, WILLIAM  
Address        C/O SALVATORE PURPURA  
                  6334 PUMPERNICKEL LANE  
City-State-Zip: MONROE NC 28110

Title            ASST. TREASURER  
Name            PURPURA, SALVATORE  
Address        6334 PUMPERNICKEL LANE  
City-State-Zip: MONROE NC 28110

Title            DIRECTOR  
Name            BUSH, JEB JR.  
Address        C/O SALVATORE PURPURA  
                  6334 PUMPERNICKEL LANE  
City-State-Zip: MONROE NC 28110

Title            DIRECTOR  
Name            RODRIGUEZ, RAQUEL  
Address        C/O SALVATORE PURPURA  
                  6334 PUMPERNICKEL LANE  
City-State-Zip: MONROE NC 28110

Title            DIRECTOR  
Name            SIMON, WILLIAM  
Address        C/O SALVATORE PURPURA  
                  6334 PUMPERNICKEL LANE  
City-State-Zip: MONROE NC 28110

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: SALVATORE PURPURA

ASSISTANT TREASURER    02/25/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date