

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90142 043 \*\*\*150.00

**DOCUMENT # 481467**

1. Entity Name  
**J. COBO AND ASSOCIATES, INC.**



Principal Place of Business  
**9002 NW 105 WAY  
MIAMI FL 33178  
US**

Mailing Address  
**9002 NW 105 WAY  
MIAMI FL 33178  
US**



2. Principal Place of Business  
**1111 CRANDON BLVD**

3. Mailing Address  
**1111 CRANDON**

Suite, Apt. #, etc.  
**Apt. A-1208**

Suite, Apt. #, etc.  
**Apt. A-1208**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Key Biscayne, FL**

City & State  
**Key Biscayne, FL**

4. FEI Number **59-1643298**

Applied For  
☐ Not Applicable

Zip  
**33149**

Country

Zip  
**33149**

Country

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

**6. Name and Address of Current Registered Agent**

**COBO, JUAN  
9002 NW 105 WAY  
MIAMI FL 33178**

**7. Name and Address of New Registered Agent**

Name

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

**1111 CRANDON BLVD. Apt A-1208**

City **Key Biscayne, FL**

FL

Zip Code **33149**

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

(NOTE: Registered Agent signature required when reinstating)

**4-3-03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COBO, JUAN A 9002 NW 105TH WAY MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COBO, SANDRA 9002 N2 105TH WAY MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARRERO, ELISA 9002 NW 105TH WAY MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1111 CRANDON BLVD. Apt A-1208 Key Biscayne, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1111 CRANDON BLVD Apt A-1208 Key Biscayne, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>18003 S.W. 154 AVE. MIAMI, FL 33187</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-3-03 305-496-3641**  
Date Daytime Phone #

CR2E034 (10/02)