

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 670202

i. Entity Name

J'SODACOR, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90076 006 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1436 N 4TH ST~~  
~~MIAMI FL 33134~~

~~1436 N 4TH ST~~  
~~HIGHLANDS N 28741-7104~~  
US

2. Principal Place of Business

99 LAUREL KNOLL RD.

Suite, Apt. #, etc.

3. Mailing Address

99 LAUREL KNOLL RD

Suite, Apt. #, etc.

City & State

OTTO, N.C.

City & State

OTTO, N.C.

4. FEI Number

59-2109331

Applied For

Not Applicable

Zip

28763

Country

USA

Zip

28763

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAGLE, PETER B.  
6075 SUNSET DR STE 203  
MIAMI FL 33143

7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, JUANITA	
STREET ADDRESS	1436 N 4TH ST	
CITY-ST-ZIP	HIGHLANDS N 28741	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, STEVEN A	
STREET ADDRESS	511 MONTGOMERY ST	
CITY-ST-ZIP	DECORAH IA 52101	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERNANDEZ, JEFFREY M	
STREET ADDRESS	2093 SADDLE RIDGE LANE	
CITY-ST-ZIP	MARIETTA GA 30062	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARRETO, RENA M.	
STREET ADDRESS	2863 E SUNCREST DR	
CITY-ST-ZIP	SIERRA VISTA AZ 85635	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, JUANITA	
STREET ADDRESS	99 LAUREL KNOLL RD.	
CITY-ST-ZIP	OTTO, N.C. 28763	
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	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETO, RENA M	
STREET ADDRESS	2624 SUNCREST DR.	
CITY-ST-ZIP	SIERRA VISTA, AZ-85635	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/00

Date

(828) 524-8244

Daytime Phone #

CR2E034 (9/99)