

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90085 019 ***150.00

DOCUMENT # 670 202

1. Entity Name **J' SODA COR, INC.**

DO NOT WRITE IN THIS SPACE

759182

2. Principal Place of Business
99 LAUREL KNOLL RD.
Suite, Apt. #, etc.

3. Mailing Address
99 LAUREL KNOLL RD.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OTTO, N.C
Zip **28763** Country **USA**

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Zip **28763** Country **USA**

4. FEI Number
56-1344150
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **PETER CAGLE**

Street Address (P.O. Box Number is Not Acceptable)
7000 S.W. 62 AVE.

City **So. MIAMI,** **FL** Zip Code **33143**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **P/T**
NAME **Juanita HERNANDEZ**
STREET ADDRESS **99 LAUREL KNOLL RD.**
CITY-ST-ZIP **OTTO, N.C. 28763**

TITLE **S**
NAME **STEVEN A. HERNANDEZ**
STREET ADDRESS **511 MONTGOMERY ST.**
CITY-ST-ZIP **DECORAH, IA. 52101**

TITLE **V/S**
NAME **JEFFREY M. HERNANDEZ**
STREET ADDRESS **1490 OAKWOOD DR.**
CITY-ST-ZIP **ROSWELL, GA. 30075**

TITLE **ASSIST/S**
NAME **RENA M. BARRETO**
STREET ADDRESS **9289 BLUFF LAKE ST.**
CITY-ST-ZIP **ZEELAND, MI. 49464**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juanita G. Hernandez **JUANITA G. HERNANDEZ** **3/25/02 (828) \$24-**

Date

Daytime Phone

8244

CR2E034B (12/01)