

F170000001138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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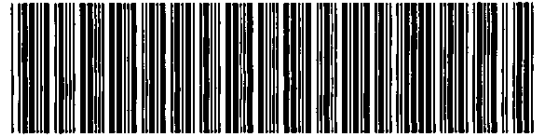
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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APR 27 2017
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JD COMPUTER REPAIR, INC
Name of Corporation

DOCUMENT NUMBER: F17000001138

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN C MONA

Name of Contact Person

Firm/Company

1533 NW 9th AVE, 732

Address

CORAL SPAIN 95, F133071

City/State and Zip Code

JUANMONA1978@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN MONA

Name of Contact Person

at (954) 371-9267

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
JD COMPUTER REPAIR, INC
2. This entity was authorized to transact business in Florida on _____ and its Florida document number is F17000001138
3. This corporation was formed under the laws of MA
4. The name and address of each officer and/or director is as follows:

Title:

PRESIDENT

VICE-PRES

SECRETARY

TREASURER

Name and Address

JUAN C MORA
1533 NW 91ST AVE, 732
CORAL SPRINGS, FL 33071

LILIANA M. MORA
1533 NW 91ST AVE, 732
CORAL SPRING, FL 33071

LILIANA M. MORA
1533 NW 91ST AVE, 732
CORAL SPRINGS, FL 33071

JUAN C. MORA
1533 NW 91ST AVE, 732
CORAL SPRINGS, FL 33071

(Attach additional pages if necessary)

Juan C. Mora
Signature of an officer or director
JUAN C MORA
Typed or printed name of person signing

PRESIDENT
Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314