

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90128 030 \*\*\*150.00

**DOCUMENT # F54140**

1. Entity Name  
**J.O. & N. INVESTMENTS, INC.**



Principal Place of Business  
**3350 EAST 4TH AVE  
HIALEAH FL 33013  
US**

Mailing Address  
**15250 DURNFORD DR  
MIAMI LAKES FL 33014  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number ~~58-2141192~~  
**65-0134158**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVERO, ORLANDO  
15250 DURNFORD DR  
MIAMI LAKES FL 33014**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **RIVERO, ORLANDO**  
STREET ADDRESS **15250 DURNFORD DR**  
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

**ORLANDO RIVERO, PRESIDENT 1/23/03 (305)826-9665**

Date

Daytime Phone #

CR2E034 (10/02)



Form 940-EZ

Department of the Treasury  
Internal Revenue Service (99)Employer's Annual Federal  
Unemployment (FUTA) Tax Return

OMB No. 1545-1110

2002

See separate instructions for Form 940-EZ for information on completing this form.

You must  
complete  
this section.

Name; Trade name, if any; Address and ZIP code

J.O.N. INVESTMENTS INC.

Calendar year

2002

15250 DURNFORD DRIVE  
MIAMI LAKES FL 3301465-0134158  
EIN

T	
FF	
FD	
FP	
L	
T	

Answer the questions under Who May Use Form 940-EZ in the instructions. If you cannot use Form 940-EZ, you must use Form 940.

A Enter the amount of contributions paid to your state unemployment fund. (see separate instructions) \$ 143

B (1) Enter the name of the state where you have to pay contributions. FL

(2) Enter your state reporting number as shown on your state unemployment tax return 2379889

If you will not have to file returns in the future, check here (see Who Must File in separate instructions) and complete and sign the return.

If this is an Amended Return, check here (see Amended Returns in the separate instructions).

## Part I Taxable Wages and FUTA Tax

1 Total payments (including payments shown on lines 2 and 3) during the calendar year for services of employees 1 5300.00

2 Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.)

3 Payments of more than \$7,000 for services. Enter only amounts over the first \$7,000 paid to each employee. (see separate instructions)

4 Add lines 2 and 3 4

5 Total taxable wages (subtract line 4 from line 1) 5 5300.00

6 FUTA tax. Multiply the wages on line 5 by .008 and enter here. (If the result is over \$100, also complete Part II.) 6 42.40

7 Total FUTA tax deposited for the year, including any overpayment applied from a prior year. 7

8 Balance due (subtract line 7 from line 6). Pay to the "United States Treasury." 8 42.40

If you owe more than \$100, see Depositing FUTA tax in separate instructions.

9 Overpayment (subtract line 8 from line 7). Check if it is to be: ☐ Applied to next return or ☐ Refunded 9

## Part II Record of Quarterly Federal Unemployment Tax Liability (Do not include state liability.) Complete only if line 6 is over \$100.

Quarter	First (Jan. 1 - Mar. 31)	Second (Apr. 1 - June 30)	Third (July 1 - Sept. 30)	Fourth (Oct. 1 - Dec. 31)	Total for year
Liability for quarter	6.40	12.80	12.80	10.40	42.40

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete the following. ☐ No

Designee's name ANA M. GUILLEN E.A. no. (305) 444-2423 number (PIN) 52759

Phone \_\_\_\_\_ Personal identification: \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Signature \_\_\_\_\_ Title (Owner, etc.) PRES

Date JAN 13 2002

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

DETACH HERE

Form 940-EZ (2002)

CAA 2 B940EZ1 82662 NTF 2558913 Copyright 2002 Greatland/Neico - Forms Software Only.

Form 940-EZ(V)

## Form 940-EZ Payment Voucher

Department of the Treasury  
Internal Revenue Service

Use this voucher only when making a payment with your return.

OMB No. 1545-1110

2002

Complete boxes 1, 2, and 3. Do not send cash, and do not staple your payment to this voucher. Make your check or money order payable to the "United States Treasury." Be sure to enter your employer identification number, "Form 940-EZ," and "2002" on your payment.

1 Enter your employer identification number.  
65-0134158

2 Enter the amount of your payment. \$ 42.40

Dollars Cents

3 Enter your business name (individual name for sole proprietors).

J.O.N. INVESTMENTS INC.

Enter your address.

15250 DURNFORD DRIVE

Enter your city, state, and ZIP code.

MIAMI LAKES FL 33014