


**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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**RIVERO, ORLANDO
15250 DURNFORD DR
MIAMI LAKES FL 33014**

4. FEI Number ~~59-2141192~~
65-0134158

Applied For
 Not Applicable

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

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

SIGNATURE _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIVERO, ORLANDO 15250 DURNFORD DR MIAMI LAKES 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
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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ORLANDO RIVERO, PRESIDENT 1/23/03 (305)826-9665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachments *Dr. TF 54140*
Employer's Annual Federal Unemployment (FUTA) Tax Return
30020971

Form **940-EZ**

OMB No. 1545-1110

Department of the Treasury
Internal Revenue Service (99)

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

2002

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You must complete this section.

Name: Trade name, if any; Address and ZIP code
J.O.N. INVESTMENTS INC.
15250 DURNFORD DRIVE
MIAMI LAKES FL 33014

Calendar year
2002

EIN
65-0134158

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.)	2	
3	Payments of more than \$7,000 for services. Enter only amounts over the first \$7,000 paid to each employee. (see separate instructions)	3	
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." If you owe more than \$100, see Depositing FUTA tax in separate instructions.	8	42.40
9	Overpayment (subtract line 6 from line 7). Check if it is to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> 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 Phone number (PIN) ▶ 52759

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 ▶ *[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/Netco - Forms Software Only.

Form **940-EZ(V)**

Form 940-EZ Payment Voucher

OMB No. 1545-1110

2002

Department of the Treasury
Internal Revenue Service

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

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. <u>65-0134158</u>	2	Enter the amount of your payment. ▶ <u>42.40</u>
3		Enter your business name (individual name for sole proprietors). <u>J.O.N. INVESTMENTS INC.</u> Enter your address. <u>15250 DURNFORD DRIVE</u> Enter your city, state, and ZIP code. <u>MIAMI LAKES FL 33014</u>	