

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am  
Secretary of State

03-05-2001 90011 024 \*\*\*150.00

DOCUMENT # H68520

1. Entity Name  
JACO FOUNDATION

Principal Place of Business

2645 W 52ND PLACE  
HIALEAH FL 33016  
US

Mailing Address

P.O. BOX 28138  
HIALEAH FL 33002  
US

2. Principal Place of Business

6030 W 15 CT

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2639655

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACOMINO, EDNA C.  
2645-W-52ND-PLACE  
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6030 W 15 CT

City Hialeah

FL

Zip Code

33012

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 \_\_\_\_\_ (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, 2001 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	VST	<input type="checkbox"/> Delete
NAME	JACOMINO, EDNA C.	
STREET ADDRESS	2645-W-52-PL-	
CITY-ST-ZIP	HIALEAH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	JACOMINO, ANTONIO M.	
STREET ADDRESS	2645-W-52-PL-	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOMINO, GUSTAVO, E	
STREET ADDRESS	2645-W-52-PL-	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6030 W 15 CT	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6030 W 15 CT	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6030 W 15 CT	
CITY-ST-ZIP	HIALEAH FL 33012	
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		<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: Edna C. Jacomino  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edna C. Jacomino 2/4/01  
Date Daytime Phone #

305-725-1032

CR2E034 (10/00)