

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90160 047 ***150.00

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DOCUMENT # H68520

1. Entity Name
JACO FOUNDATION



Principal Place of Business
6030 W 15TH COURT
HIALEAH FL 33012
US

Mailing Address
P.O. BOX 28138
HIALEAH FL 33002
US



2. Principal Place of Business
683 NW 208 Terr
Suite, Apt. #, etc.

3. Mailing Address
683 NW 208 Terr
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
Pembroke Pines, FL
Zip
33029
Country
US

City & State
Pembroke Pines, FL
Zip
33029
Country
US

4. FEI Number
59-2639655

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JACOMINO, EDNA C.
6030 W 15TH COURT
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name
Edna C. Jacomino
Street Address (P.O. Box Number is Not Acceptable)
683 NW 208 Terr
Pembroke Pines, FL
City
FL
Zip Code
33029

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 Edna C. Jacomino Edna C. Jacomino V.P. 1-20-03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
VST ☐ **Delete**
NAME
JACOMINO, EDNA C.
STREET ADDRESS
6030 W 15TH COURT
CITY-ST-ZIP
HIALEAH FL 33012

TITLE
VST ☒ **Change** ☐ **Addition**
NAME
Edna C Jacomino
STREET ADDRESS
683 NW 208 Terr
CITY-ST-ZIP
Pembroke Pines FL 33029

TITLE
P ☐ **Delete**
NAME
JACOMINO, ANTONIO M.
STREET ADDRESS
6030 W 15TH COURT
CITY-ST-ZIP
HIALEAH FL 33012

TITLE
NAME
Antonio m. Jacomino ☒ **Change** ☐ **Addition**
STREET ADDRESS
683 NW 208 Terr
CITY-ST-ZIP
Pembroke Pines, FL 33029

TITLE
D ☐ **Delete**
NAME
JACOMINO, GUSTAVO, E
STREET ADDRESS
6030 W 15TH COURT
CITY-ST-ZIP
HIALEAH FL 33012

TITLE
NAME
Gustavo E. Jacomino ☒ **Change** ☐ **Addition**
STREET ADDRESS
683 NW 208 Terr
CITY-ST-ZIP
Pembroke Pines, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **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: Edna C. Jacomino Edna C Jacomino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-725-1022

CR2E034 (10/02)