## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # H68520



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

JACO FOUNDATION				•	02-27	-2003 90	160 04	F7 ***150	0.00
Principal Place of Business Mailing AG 6030 W 15TH COURT P.O. BOX HIALEAH FL 33012 HIALEAH I US US	28138	'		1 184	(8)   6)   8   10   10   10   10   10   10   10	21 <b>6</b> 114 <b>0</b> 61 <b>0</b> 11 <b>0</b> 1	I	1(1 <b>0(0)( 2</b> (2())	PI BILL BARRA (1891
Principal Place of Business     3. Mailing	Address								
683 NW 208 Terr 683 NW 208 Terr					/				
Suite, Apt. #, etc. Suite, A	DI. #, eIC.				CHECK	HERE IF	MAKING	CHANGES	3
7	broke Pir			4. FEI Num	<sup>nber</sup> <b>59-263</b>	39655			opplied For lot Applicable
33029 Country Zip 3302	<u> </u>	Country			ite of Status Di		Ц	\$8:75 Ad Fee Requir	
6. Name and Address of Current Registered A	gent	Nome	•	7. Name a	nd Address o	f New Regi	stered A	gent	
IACOMINO EDNA C		Name	dna	<u> </u>	. Jo	acon	1100	)	
JACOMINO, EDNA C. 6030 W 15TH COURT		Street Ac	ddress (P.C	O. Box Num	ober is Not Acc	ceptable)			
HIALEAH FL 33012			nbr		Pin	CI			
		City	1101	OFE	11/50	<del>-   F- </del>	FL	733	629
8. The above named entity submits this statement for the purpose	of changing its regis	istered office or	registered	agent, or t	ooth, in the Sta	ite of Florida	a. I am f	amiliar with	, and accept
the obligations of registered agent.									,
And Comments	F	Lua M	T			110		1-20	-n2
SIGNATURE Signature, typed or printed name of experience agent and title if applicabil	e. (NOTE: Regi	WA C.		Com hen reinstating)	//o	V.P.	DATE	1-20	-03
SIGNATURE Chacomi	e. (NOTE: Regi	WA C. pistered Agent signatu		nen reinstating)	Election Camp	aign Finan	DATE	\$5.0	00 May Be
SIGNATURE  Signature. Typed or printed name of tenstered agent and title if applicable  FILE NOW!!! FEE IS \$150.00  After. May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS		JVA C. pistered Agent signatu	re required wh	nen reinstating)	Election Camp	paign Financ ntribution.	RS AND	\$5.4 Adde	00 May Be
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SIGNATURE  Signature. Typed or printed name of existered agent and title if applicable and title if ap	Delete	11. TITLE VST NAME STREET ADDRESS CITY-ST-ZIP TITLE	Edra 683 Per	ADDITION  ADDITI	Election Camp Trust Fund Col IS/CHANGES JACON 108 Ten ke Pin E	to office	RS AND	S5.4  DIRECTOR Change	00 May Be ed to Fees
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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 office like empowered. 305-725-1032

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

C. Jacomino

Daytime Phone #

☐ Change

Addition