

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90052 050 \*\*\*150.00

**DOCUMENT # K18347**

1. Entity Name

**JORGAR CORP.**

Principal Place of Business

Mailing Address

169 E FLAGLER  
~~1600~~ 1600  
 MIAMI FL 33131  
 US

169 E FLAGLER  
 SUITE 1600  
 MIAMI FL 33131-1211  
 US

80019151



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4. FEI Number **65-0040190**

Applied For  
 Not Applied For

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, ELLIOTT**  
**111 SW 3**  
**6 FL**  
**MIAMI FL 33130**

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.

SIGNATURE

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

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD LINDENFELD, CARLOS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>169 E. FLAGLER-1600</del>	NAME	
STREET ADDRESS	<del>MIAMI FL</del>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD LINDENFELD, JUDITH	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	169 E. FLAGLER 1600	NAME	<b>P.D. LINDENFELD JUDITH</b>
STREET ADDRESS	MIAMI, FL	STREET ADDRESS	<b>169 E. FLAGLER 1600</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE	TD LINDENFELD, MARTIN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	169 E. FLAGLER 1600	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPS LINDENFELD, DANYA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	169 E. FLAGLER 1600	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP LINDENFELD, ELSA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	169 E. FLAGLER 1600	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **Danya Lindenfeld**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/00** **(305) 3743677**  
 Date Daytime Phone #