2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State
04-06-2000 90034 044 ***150.00

DOCUMENT # K20428

1. Entity Name

M. JURADO & ASSOCIATES, INC

Principal Place of Business — Mailing Address

15632 S.W. 55th Terrace
Miami, Fl 33185-4178

2. Principal Place of Business: 15632 S.W. 55th Terrace
Suite, Apt. #, etc.
City & State: Miami, Fl
Zip: 33185-4178 Country: Dade

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

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0040207 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANUEL R. JURADO
15632 S.W. 55th Terrace
MIAMI, FL 33185-4178

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.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANUEL R. JURADO 15632 S.W. 55TH TERRACE MIAMI, FL 33185-4178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: MRJurado — 3-24-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #