

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90323 015 *****50.00

0013315

DOCUMENT # L01000019758

1. Entity Name

JUMP START, LLC



Principal Place of Business

Mailing Address

10031 S.W. 34TH STREET
MIAMI FL 33165

10031 S.W. 34TH STREET
MIAMI FL 33165

2. Principal Place of Business

3. Mailing Address

8585 SW 72 STREET

8585 SW 72 STREET

Suite/Apt. #, etc.

Suite/Apt. #, etc.

#25

#25

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Zip

33143

Country

Country

UNITED STATES

UNITED STATES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAY, GRANT-T ESQ.
3001 S.W. THIRD AVE.
MIAMI FL 33129

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rogelio Lara Jr

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7.9.03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	P	<input type="checkbox"/> Delete
NAME	LARA, ROGELIO JR	
STREET ADDRESS	8585 SW 72ND STREET #25	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	V	<input type="checkbox"/> Delete
NAME	LARA, ISABEL M	
STREET ADDRESS	8585 SW 72ND STREET #25	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Rogelio Lara Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7.9.03

Date

305-270-8588

Daytime Phone #

CR2E083 (4/03)