

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90046 043 ***150.00

DOCUMENT # L07631

1. Entity Name

JURANIA ENTERPRISES, INC.

Principal Place of Business

**6301 BISCAYNE BLVD., STE 202
 MIAMI FL 33138**

Mailing Address

**450 WEST FLAGLER ST
 MIAMI FL 33130-1421
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0198118

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CATURLA, GEORGE D.
 450 WEST FLAGLER ST
 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 ~
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **WONG, JULIO LEE**
 STREET ADDRESS **10621 SW 21 LANE**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **STD** ☐ Delete
 NAME **QUIROZ, FIDELINA URANIA**
 STREET ADDRESS **753 NW 12 CT.**
 CITY-ST-ZIP **MIAMI FL**

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #