

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90243 046 \*\*\*\*61.25

**DOCUMENT # N00000003247**

1. Entity Name

**JASON'S ANGELS CHARITABLE FOUNDATION, INC.**



Principal Place of Business

**17 MALAGA AVENUE  
CORAL GABLES FL 33134**

Mailing Address

**17 MALAGA AVENUE  
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

**PO Box 430617**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miami FL 33243**

Zip

Country

Zip

Country

**33243**

**US.**

4. FEI Number **65-1015142**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MULLIN, TERRANCE J P.A.  
2655 LEJEUNE ROAD  
PENTHOUSE II  
CORAL GABLES FL 33134**

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

**2/6/03**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **TRUJILLO, LUCAS JR.**  
STREET ADDRESS **1100 N.W. 23 STREET**  
CITY-ST-ZIP **MIAMI FL 33127**

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

TITLE **D** ☐ Delete  
NAME **LEE, KAREN**  
STREET ADDRESS **17 MALAGA AVENUE**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6501 Leonardo St.**  
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE **D** ☐ Delete  
NAME **NAPOLES, ESTHER R**  
STREET ADDRESS **4440 S.W. 87 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE **D** ☐ Delete  
NAME **TORRES, ANTONIO**  
STREET ADDRESS **101 EAST SUNRISE AVENUE**  
CITY-ST-ZIP **CORAL GABLES FL 33133**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/03 305 815 1462**

CR2E037 (10/02)