

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

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90179 023 \*\*\*\*61.25

**DOCUMENT # N00000004333**

1. Entity Name  
**JUVENILE RESCUE MISSION OF FLORIDA, INC.**



Principal Place of Business  
**692 W 29 STREET  
#9  
HIALEAH FL 33012**

Mailing Address  
**692 W 29 STREET  
#9  
HIALEAH FL 33012**

**55040430**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1020563**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**KAIRUZ, JORGE  
2736 N.W. 4TH TERRACE  
MIAMI FL 33125**

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	<b>P - D</b>	<input type="checkbox"/> Delete
NAME	<b>KAIRUZ, JORGE</b>	
STREET ADDRESS	<b>2736 NW 4TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE	<b>V - D</b>	<input type="checkbox"/> Delete
NAME	<b>KAIRUZ, OLGA</b>	
STREET ADDRESS	<b>2736 NW 4TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE	<b>T - D</b>	<input type="checkbox"/> Delete
NAME	<b>JUNQUERA, CARLOS</b>	
STREET ADDRESS	<b>11974 SW 195 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE	<b>S - D</b>	<input type="checkbox"/> Delete
NAME	<b>JUNQUERA, MARGARITA</b>	
STREET ADDRESS	<b>11974 SW 195 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E037 (10/02)