

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90493 040 ****61.25

DOCUMENT # N16729

1. Entity Name

MUNICIPIO DE SAN JUAN DE LOS YERAS INC.

Principal Place of Business

C/O MARIO O. PEREZ
9390 W FLAGLER ST #105
MIAMI FL 33174

Mailing Address

C/O MARIO O. PEREZ
9390 W FLAGLER ST #105
MIAMI FL 33174

2. Principal Place of Business

C/O JEFFREY A. NAVARRO

3. Mailing Address

C/O JEFFREY A. NAVARRO

Suite, Apt. #, etc.

13946 S.W. 13th STREET

Suite, Apt. #, etc.

13946 S.W. 13th STREET

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33184-3523

Country

U.S.A.

Zip

33184-3523

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAVARRO, JEFFREY A
9390 W. FLAGLER #105
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name NAVARRO, JEFFREY A.

Street Address (P.O. Box Number is Not Acceptable)

13946 S.W. 13th STREET

City

MIAMI

FL

Zip Code

33184-3523

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

Jeffrey A. Navarro

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/07/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PEREZ, MARIO O. 9390 W FLAGLER MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PEREZ, MARIA E. 6159 W.FLAGLER #104 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ORAMA, ARTURO 1281 W HIALEAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NAVARRO, JEFFREY A 9390 W. FLAGLER MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP AGUILA JORGE 2262 WEST 74 th ST. #101 HIALEAH, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ORAMA, ARTURO 1000 COLONY PT., BLDG. 2, #209 PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NAVARRO, JEFFREY A. 13946 S.W. 13 th STREET MIAMI, FL 33184-3523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Jeffrey A. Navarro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/02 305-863-9094
Date Daytime Phone #

CR2E037 (9/01)