

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005171

1. Entity Name

JUST RIDE ON FOUNDATION, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90939 022 ****61.25

Principal Place of Business

Mailing Address

5411 W 6TH LN
HIALEAH FL 33012
US

5411 W 6TH LN
HIALEAH FL 33012-2547
US

2. Principal Place of Business

5411 W 6 Lane

3. Mailing Address

P.O Box 127044

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH, FL.

4. FEI Number

65-0701210

Applied For

Not Applicable

Zip

Country

Zip

Country

33012

U.S.A.

33012-167

USA

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

DE ACOSTA, EMILIO
3845 EAST 4TH AVE
HIALEAH FL 33013

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	SANCHEZ, MARIA	5411 W. 6TH LANE	HIALEAH FL 33012	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	RODERO, JESSICA L	5411 W. 6TH LANE	HIALEAH FL 33012	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	RODERO, JENNIFER L	5411 W. 6TH LANE	HIALEAH FL 33012	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ODALYS GOMEZ	2740 W 69TH TERR	HIALEAH FL 33016	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MARIBEL FERNANDEZ	1209 NW 161ST AVE	PEMBROKE PINES FL 33028	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	EMILIO MENDEZ	1209 NW 161ST AVE	PEMBROKE PINES FL 33028	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 (305) 820-9996

CR2E037 (9/99)