

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90191 034 ****66.25

DOCUMENT # N96000005171

1. Entity Name

JUST RIDE ON FOUNDATION, INC.

Principal Place of Business

Mailing Address

5411 W 6TH LN
 HIALEAH FL 33012
 US

PO BOX 127044
 HIALEAH FL 33012
 US

2. Principal Place of Business

5411 W. 6th LN.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

City & State

4. FEI Number

65-0701210

Applied For

Not Applicable

Zip

Country

Zip

Country

33012

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 PD ☐ Delete
 NAME SANCHEZ, MARIA
 STREET ADDRESS 5411 W. 6TH LANE
 CITY-ST-ZIP HIALEAH FL 33012

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

TITLE SD ☒ Delete
 NAME RODERO, JESSICA L
 STREET ADDRESS 5411 W. 6TH LANE
 CITY-ST-ZIP HIALEAH FL 33012

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

TITLE TD ☐ Delete
 NAME RODERO, JENNIFER L
 STREET ADDRESS 5411 W. 6TH LANE
 CITY-ST-ZIP HIALEAH FL 33012

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

TITLE D ☐ Delete
 NAME ODALYS GOMEZ
 STREET ADDRESS 2740 W 69TH TERR
 CITY-ST-ZIP HIALEAH FL 33016

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

TITLE D ☐ Delete
 NAME MARIBEL FERNANDEZ
 STREET ADDRESS 1209 NW 161ST AVE
 CITY-ST-ZIP PEMBROKE PINES FL 33028

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

TITLE D ☐ Delete
 NAME EMILIO MENDEZ
 STREET ADDRESS 1209 NW 161ST AVE
 CITY-ST-ZIP PEMBROKE PINES FL 33028

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 (305) 820 9996

CR2E037 (9/01)