

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91601 021 ***150.00

DOCUMENT # *P00000008411*

1. Entity Name

Job Depot Plus, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

947 NE 125 St.

3. Mailing Address

947 NE 125 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

M. Miami, FL

City & State

M. Miami, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. FEI Number

65-0975292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ZAMIRA BENEBY

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

15270 SW 51 St.

City

MIRAMON

FL

Zip Code

33027

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*PTD
Beneby, Zamira
15270 SW 51 St.
MIRAMON, FL 33027*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*SVD
JAMES, SIMONA
3960 SW 195 Terr.
MIRAMON, FL 33029*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZAMIRA BENEBY

Date

Daytime Phone #

(305) 981-8825

CR2E034B (12/01)