2002 UNIFORM BUSINESS REPORT (UBR)

Jun 27, 2002 8:00 am Secretary of State P00000016132 **DOCUMENT #** 06-27-2002 90523 018 ***150.00 1. Entity Name JONILDA CORPORATION Principal Place of Business Mailing Address 609 S.W. 59TH AV. 609 S.W. 59TH AV. MIAMI FL 33144 MIAMI FL 33144 ·鹤扇/ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0983383 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CALVET, NILDA J Street Address (P.O. Box Number is Not Acceptable) 609 S.W. 59TH AV. **MIAMI FL 33144** City 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee-will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete (9/01) ☐ Change ☐ Addition CALVET, NILDA J MALIE NAME STREET ADDRESS 609 S.W. 59TH AV. STREET ADDRESS CR2E034 CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete mue - · · ÷ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

FILED

Attachment

JONILDA CORPORATION 609 SW 59th Ave. Miami FL 33144 June 20, 2002

FL DEPT OF STATE
Div. of corporations
PO BOX 1500
Tallahassee FL 32302-1500

RE: P00000016132

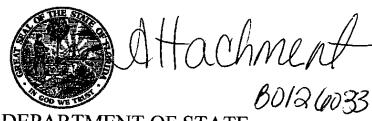
Dear Sir or Madam:

This is to answer your attached letter and 2002 UBR with check no. 1465 completed in its entirety, per Ms. Marquita, today. 06/20/02

We expect now to have correctly filed the report, as we are responding in the prescribed time frame. We also apologize for the inconvenience.

Thank you.

Eduardof Cano CPA FOR JUNILDA CORPORATION



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

June 2, 2002

JONILDA CORPORATION 609 S.W. 59TH AV. **MIAMI, FL 33144**

Subject: JONILDA CORPORATION

Reference Number: P00000016132

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/EL ANNUAL REPORTS SECTION