

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

06-27-2002 90523 018 ***150.00

DOCUMENT # P00000016132

1. Entity Name

JONILDA CORPORATION

Principal Place of Business

**609 S.W. 59TH AV.
 MIAMI FL 33144**

Mailing Address

**609 S.W. 59TH AV.
 MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0983383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALVET, NILDA J
 609 S.W. 59TH AV.
 MIAMI FL 33144**

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

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALVET, NILDA J 609 S.W. 59TH AV. MIAMI FL 33144	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Nilda J. Calvet*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NILDA J. CALVET

4/30/02

Date

305-826-0204

Daytime Phone #

CR2E034 (9/01)

Attachment

B0126033

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. Marqueta, 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.

Eduardo J. Cano CPA
FOR JONILDA CORPORATION



Attachment

B0126033

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