

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90126 002 ***150.00

0150890

DOCUMENT # P00000018806

1. Entity Name

JOSELIN INCORPORATED

Principal Place of Business

C/O SAEZLEON URDANETA CALZADILLA & PEREZ
 888 BRICKELL AVE., 5TH FLOOR
 MIAMI FL 33131

Mailing Address

C/O SAEZLEON URDANETA CALZADILLA & PEREZ
 888 BRICKELL AVE., 5TH FLOOR
 MIAMI FL 33131

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

JOSE MEDICO

Suite, Apt. #, etc.

10914 SW 152 PL

City & State

MIAMI FL

Zip
33196

Country
USA

3. Mailing Address

JOSE MEDICO

Suite, Apt. #, etc.

10914 SW 152 PL

City & State

MIAMI FL

Zip
33196

Country
USA

4. FEI Number

APPLY FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VICENTE URDANETA, JUAN ESQ
888 BRICKELL AVE.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **JOSE MEDICO**

Street Address (P.O. Box Number is Not Acceptable)
10914 SW 152 PL

City **MIAMI**

FL

Zip Code
33196

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, 2001 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

TITLE **D** ☐ Delete
 NAME **DOLEATTO, JOSE MEDICO**
 STREET ADDRESS **888 BRICKELL AVE., 5TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
 NAME **DE MEDICO, ELINA CHAGUAN**
 STREET ADDRESS **888 BRICKELL AVE., 5TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **JOSE MEDICO DOLEATTO**
 STREET ADDRESS **10914 SW 152 PL**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE **D** ☒ Change ☐ Addition
 NAME **DE MEDICO ELINA CHAGUAN**
 STREET ADDRESS **10914 SW 152 PL**
 CITY-ST-ZIP **MIAMI FL 33196**

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

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

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

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:

JOSE MEDICO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-01

Date

305-385 6047

Daytime Phone #

CR2E034 (10/00)