

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 22, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90044 044 \*\*\*150.00

**DOCUMENT # P00000051644**

1. Entity Name  
**JORLOC INC.**

Principal Place of Business

**3410 SW 6 STREET**  
**MIAMI FL 33135**

Mailing Address

**3410 SW 6 STREET**  
**MIAMI FL 33135**

2. Principal Place of Business

**9490 INDEPENDENCE RD.**  
 Suite, Apt. #, etc.

3. Mailing Address

**9490 Independence Rd**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**MIAMI FL**

City &amp; State

**MIAMI FL**

4. FEI Number

**65-1112737**

Applied For

Not Applicable

Zip

**33157**

Country

**USA**

Zip

**33157**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

**CASAS, JORGE L**  
**3410 SW 6 STREET**  
**MIAMI FL 33135**

7. Name and Address of New Registered Agent

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

*Jorge Lopez*  
 Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**06/19/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PO CASAS, JORGE L 3410 SW 6 STREET MIAMI FL 33135</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04/30/01**

CRE034 (10/00)