

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054021

1. Entity Name  
EXPORT/IMPORT JABRE, INC.

Principal Place of Business Mailing Address  
16660 S. POST ROAD, SUITE 201 748 VISTA MEADOWS DR  
WESTON FL 33331 WESTON FL 33331 33327

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARAMILLO, ROBERTO  
16660 S. POST ROAD, SUITE 201  
WESTON FL 33331

Name  
Street Address (P.O. Box Number is Not Acceptable) 748 VISTA MEADOWS DR  
WESTON,  
City FL Zip Code 33327

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 reissuing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME JARAMILLO, ROBERTO  
STREET ADDRESS 16660 S. POST ROAD, SUITE 201  
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

TITLE EXPORT/IMPORT JABRE INC  
NAME JARAMILLO, ROBERTO  
STREET ADDRESS 748 VISTA MEADOWS DR  
CITY-ST-ZIP WESTON, FL 33327 ☒ Change ☐ Addition

TITLE D  
NAME BRETON, OLGA LUCIA  
STREET ADDRESS 16660 S. POST ROAD, SUITE 201  
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

TITLE EXPORT/IMPORT JABRE INC  
NAME BRETON, OLGA LUCIA  
STREET ADDRESS 748 VISTA MEADOWS DR  
CITY-ST-ZIP WESTON, FL 33327 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: X

Signature and typed or printed name of signing officer or director

01/23/01 (954) 349-4084

Date

Daytime Phone #

02-05-2001 90061048 \*\*\*150.00

01 MAR -5 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1013130 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (10/00)

MR. WILLIGAN MAR 07 2001