

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90309 002 \*\*\*150.00

**DOCUMENT # P00000074167**

1. Entity Name  
**J.L. SCREENS, INC.**

Principal Place of Business  
**7641 S DIXIE HWY**  
**WEST PALM BEACH FL 33405**

Mailing Address  
**7641 S DIXIE HWY**  
**WEST PALM BEACH FL 33405**

2. Principal Place of Business  
**1696 Old Okeechobee Rd**  
 Suite, Apt. #, etc.  
**3-D**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**West Palm Beach FL**  
 Zip  
**33409**  
 Country  
**U.S.**

City & State  
 Zip  
 Country

4. FEI Number **65-1033695**  
 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

**LABRADOR, JESUS**  
**7641 S DIXIE HWY**  
**WEST PALM BEACH FL 33405**

## 7. Name and Address of New Registered Agent

Name **Jesus Labrador**  
 Street Address (P.O. Box Number is Not Acceptable)  
**314 Maddock Street**  
 City **West Palm Beach** **FL** Zip Code **33405**

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 **Jesus Labrador** **4/25/02**  
 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	<b>D</b> <b>LABRADOR, JESUS</b> <b>314 MADDOCK ST</b> <b>WEST PALM BEACH FL 33405</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROQUETA, AURELIO R</b> <b>338 FORDHAM DR</b> <b>LAKE WORTH FL 33460</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02** **561-588-8191**  
 Date Daytime Phone #

US2002-040 AV

CR2E034 (9/01)