

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90027 014 ***150.00

DOCUMENT # P00000077350

1. Entity Name
JOMARK INC.

Principal Place of Business

**10630 NW 16TH ST
 CORAL SPRINGS FL 33071**

Mailing Address

**10630 NW 16TH ST
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEJ Number

651030678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANABRIA, JOSE
 10630 NW 16TH ST
 CORAL SPRINGS FL 33071**

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, 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	PD	<input type="checkbox"/> Delete
NAME	SANABRIA, JOSE	
STREET ADDRESS	10630 NW 16TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	SANABRIA, JEAN	
STREET ADDRESS	10630 NW 16TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ORTIZ, JACQUELINE	
STREET ADDRESS	10630 NW 16TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ASPERY, FRANCINE	
STREET ADDRESS	10630 NW 16TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, JACQUELINE	
STREET ADDRESS	10630 NW 16TH ST	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Sanabria* **JOSE SANABRIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01 (954) 341-6389

Date

Daytime Phone #

CR2E034 (10/00)