

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086872

1. Entity Name

JGR EXCORP INC.

Principal Place of Business

10500 SW 112TH AVE
MIAMI FL 33176-8216

Mailing Address

10500 SW 112TH AVE
MIAMI FL 33176-8216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR 04/26/01

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

GUARDIA, ADRIANA
1700 S. DIXIE HWY STE 303
BOCA RATON FL 33432

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 ☐ Delete
NAME D
STREET ADDRESS GUTIERREZ, SUZANNE F
CITY-ST-ZIP 10500 SW 112TH AVE
MIAMI FL 33176-8216

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GUTIERREZ, JAIME
CITY-ST-ZIP 10500 SW 112TH AVE
MIAMI FL 33176-8216

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Suzanne Gutierrez 04/27/01 305-279-8933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90046 039 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment
D# P00000686872
B0049512

Form **SS-4**

Application for Employer Identification Number

(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

JGR EXCORP INC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

10500 SW 112 AVE

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

MIAMI FL 33176

5b City, state, and ZIP code

6 County and state where principal business is located

MIAMI DADE

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►

JAIME GUTIERREZ, SUZANNE GUTIERREZ

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)

☐ Estate (SSN of decedent)

☐ Partnership

☐ Personal service corp.

☐ Plan administrator (SSN)

☐ REMIC

☐ National Guard

☒ Other corporation (specify) ►

☐ State/local government

☐ Farmers' cooperative

☐ Trust

☐ Church or church-controlled organization

☐ Federal government/military

☐ Other nonprofit organization (specify) ►

(enter GEN if applicable)

☐ Other (specify) ►

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

FLORIDA

Foreign country

N/A

9 Reason for applying (Check only one box.) (see instructions)

☐ Banking purpose (specify purpose) ►

☒ Started new business (specify type) ►

☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Hired employees (Check the box and see line 12.)

☐ Created a trust (specify type) ►

☐ Created a pension plan (specify type) ►

☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

6/1/2001

11 Closing month of accounting year (see instructions)

DECEMBER 31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

UNKNOWN

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural

Agricultural

Household

14 Principal activity (see instructions) ►

MACHINERY CONSULTANT

15 Is the principal business activity manufacturing?

☐ Yes

☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

☒ Business (wholesale)

☐ N/A

☐ Public (retail)

☐ Other (specify) ►

17a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes

☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

305-279-8733

Fax telephone number (include area code)

305-279-5507

Name and title (Please type or print clearly.) ►

Signature ►

Suzanne Gutierrez

Date ►

04/12/01

Note: Do not write below this line. For official use only.