2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094205

1. Entity Name

J.A.G. Investment International Business Corp.

FILED

02 JUN 24 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1120-B Coletta St. Ste. B Orlando FL. 32807	2145 W. Washington St. Orlando FL. 32805

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		1120-B Coletta St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		Ste. B	
City & State		City & State	
		Orlando Florida	
Zip	Country	Zip	Country
		32807	US

4. FEI Number 59-3675416 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

Gaitan, Jose A.
1120-A. Coletta St.
Orlando FL. 32807

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete
PM	Gaitan, Jose A. 1120-B Coletta Dr. Orlando FL. 32807	☐
VP	Carmelo Fernandez 1120-B Coletta Dr. Orlando FL. 32807	☐
		☐
		☐
		☐
		☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Add
300006592573--4 -07/23/02--01055--019 ****550.00 ****550.00	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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: ______________________ 6/21/02 407.348.4157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #