## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 07, 2002 8:00 am secretary of State **DOCUMENT #** P00000100871 1. Entity Name 03-07-2002 90019 005 \*\*\*158.75 JEFERVELAS CORP. Principal Place of Business Mailing Address 7851 N.W. 197TH TERRACE 7535 DADELANO MALL -MIAMI-FL 33015-MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address 1266/SW 28c F Suite, Apt. 4, etc. DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Applied For 4. FEI Number City & State City & State 65-1050466 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ABARES FRANCISCO TABARES, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) -7851 N.W. 187TH TERRACE 1266/SW 28 CT. -MIAMI FL 33015 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria orf back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE TABARES, FRANCISCO NAME 12661 S.W. 28 C.T MIRAMAR, FL. 33027 7851 NW 187 TERRACE~ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33015** CITY-ST-ZIP TITLE ☐ Delete TITLE **VPD** NAME SANCHEZ. DANIEL STREET ADDRESS STREET ADDRESS 7851 NW 187 TERRACE CITY-ST-ZIP CITY-ST-ZIP -MIAMI FL 33015 ☐ Addition TITLE TD TITLE -Name LOBELO, JOAN C NAME STREET ADDRESS STREET ADDRESS 10700 CLEARY BLVD #103 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI É NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED