

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91178 019 ***158.75

DOCUMENT # *P00000100871*

1. Entity Name

JEFERVELAS CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4971 S.W. 161 AVE

3. Mailing Address

4971 S.W. 161 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIRAMAR, FL

City & State

MIRAMAR FL

4. FEI Number

65-1050466

Applied For

Not Applicable

Zip

33027

Country

U.S.

Zip

33027

Country

U.S.

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TABARES, FRANCISCO

Street Address (P.O. Box Number is Not Acceptable)

4971 S.W. 161 AVE

City

*MIRAMAR**FL*

Zip Code

33027

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
TABARES, FRANCISCO
4971 S.W. 161 AVE
MIRAMAR, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
SANCHEZ, DANIEL
12661 S.W. 28CT
MIRANAR, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Francisco Tabares

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/03 (305)

Date

Daytime Phone #

CR2E034B (12/02)