2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am DOCUMENT # P00000103789 **Secretary of State** 1. Entity Name JPR TRADE, INC. 02-08-2001 90369 006 ***150.00 Principal Place of Business Mailing Address 7997 N.W. 33RD STREET 7997 N.W. 33RD STREET 713845 MIAMI FL 33122 MIAM! FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1052598 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 3 = :6. Name and Address of Current Registered Agent MONSERRATE, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 7987 N.W. 33RD STREET MIAMI FL 33122 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change ☐ Addition JOARDAN, JAMES A NAME NAME 18313 N.W. 14TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINE FL 33014 TITLE □ Change M Addition TITLE ☐ Delete Jordan, Robert e NAME NAME 9819 N.W. 30TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP STD ☐ Delete TITLE ☐ Change ☐ Addition TITLE JORDAN, PAOLA NAME NAME STREET ADDRESS 9819 N.W. 30TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

[] Change

☐ Addition