

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90653 016 ***150.00

US38114 AV

DOCUMENT # P00000105189

1. Entity Name
J.P. UNLIMITED, CO.

Principal Place of Business
1575 NORTHWEST 13 STREET #610
BOCA RATON FL 33486

Mailing Address
1575 NORTHWEST 13 STREET #610
BOCA RATON FL 33486



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11211 S. Military Trail
 Suite, Apt. #, etc.
2811

3. Mailing Address
11211 S. Military Trail
 Suite, Apt. #, etc.
2811

City & State
Boynton Beach, FL
 Zip
33436
 Country
U.S.A.

City & State
Boynton Beach, FL
 Zip
33436
 Country
USA

4. FEI Number
65-1054943

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COLIA LOSTAUNAU, CLAUDIA YVETTE
1575 NORTHWEST 13 STREET #610
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name
Claudia Yvette Colia
 Street Address (P.O. Box Number is Not Acceptable)
11211 S. Military Trail # 2811
 City
Boynton Beach **FL** Zip Code
33436

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 : **Claudia Colia** DATE **4/23/02**

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	P COLIA, CLAUDIA Y 1575 NORTHWEST 13 STREET #610 BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENAVIDES, IGANCIO A 1575 NORTHWEST 13 STREET #610 BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Claudia Colia**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/23/02** DAYTIME PHONE # **(561) 602 7506**

CR2E034 (9/01)