

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

0141281 SP

DOCUMENT # P00000105750

1. Entity Name
JAZPAUL ENTERPRISES, INC.

05-11-2001 90296 038 ***150.00

Principal Place of Business

**3001 W 12TH AVENUE
 SUITE 5
 HIALEAH FL 33012**

Mailing Address

**3001 W 12TH AVENUE
 SUITE 5
 HIALEAH FL 33012**

8870



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**925 Hunting Lodge Dr.
 Suite, Apt. #, etc.**

3. Mailing Address

**925 Hunting Lodge Dr.
 Suite, Apt. #, etc.**

City & State

**Miami Springs FL
 Zip 33166 Country USA**

City & State

**Miami Springs FL
 Zip 33166 Country USA**

4. FEI Number

Applied for ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, GUILLERMINA
 3001 W 12TH AVENUE
 SUITE 5
 HIALEAH FL 33012**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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	PVST HERNANDEZ, GUILLERMINA 3001 W 12TH AVENUE HIALEAH FL 33012	<input type="checkbox"/> Delete
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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
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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 **Guillermo Hernandez**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date **07/10/01** (888) 819-5051 Daytime Phone #

CR2E034 (5/01)