

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90017 046 \*\*\*150.00

**DOCUMENT # P00000114944**

1. Entity Name

JRP ENTERPRISES, CORP.

Principal Place of Business

600 BRICKELL AVENUE  
 SUITE 200  
 MIAMI FL 33131  
 US

Mailing Address

8200 SW 99TH STREET  
 MIAMI FL 33156  
 US

2. Principal Place of Business

2222 Ponce de Leon Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite 500

City & State  
 Coral Gables, Florida

City & State

4. FEI Number

05-1092487

APPLIED FOR

Applied For

Not Applicable

Zip

33124

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PUIG, JOSE R ESQ.  
 600 BRICKELL AVENUE  
 SUITE 200  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

JOSE R. PUIG, ESQ.

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

2222 Ponce de Leon Blvd, Suite 500

City

Coral Gables,

FL

Zip Code  
 33134

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)

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 \$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 PD  
 NAME PUIG, JOSE R  
 STREET ADDRESS 600 BRICKELL AVENUE, SUITE 200  
 CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE VPD  
 NAME PUIG, JOSE R  
 STREET ADDRESS 600 BRICKELL AVENUE, SUITE 200  
 CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS 2222 Ponce de Leon Blvd, Suite 500  
 CITY-ST-ZIP Coral Gables, Florida 33134 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS 2222 Ponce de Leon Blvd, Suite 500  
 CITY-ST-ZIP Coral Gables, Florida 33134 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 APR 02

Date

305.442.6780

Daytime Phone #

CR2E034 (9/01)