

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/6

FILED

Apr 24, 2001 8:00 am  
Secretary of State

03-06-2001 90326 013 \*\*\*158.75

DOCUMENT # P01000001280

1. Entity Name

JOGARTE, CORP.

Principal Place of Business

Mailing Address

351 ALTARA AVE.  
CORAL GABLES FL 33146

601 BRICKELL KEY DR., #507  
C/O IVAN A. GOMEZ  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1070353

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

IAG-CORPORATE-SERVICES, INC.

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

City

FL

Zip Code

CORPORATE SERVICES, INC.  
601 BRICKELL KEY DR., #507  
MIAMI FL 33131

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 BY: IAG CORPORATE SERVICES, INC.

Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

2/23/01  
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
GARCIA, TESSI J  
351 ALTARA AVE.  
CORAL GABLES FL 33146

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tessi J. Garcia, VP.

305-371-9213

CR2034 (10/00)

38630



DO NOT WRITE IN THIS SPACE