

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL 22 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000015337**

1. Entity Name
The Jerry Michel, Corp.

DO NOT WRITE IN THIS SPACE

600006879176--7
-08/02/02--01057--010
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12705 SW 96 Terr		3. Mailing Address "Same"	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33186	Country Dade	Zip	Country

4. FEJ Number 65-1077739	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Azamar Gerardo
Street Address (P.O. Box Number is Not Acceptable) 7994 N.W. 198th Ter.
City Hialeah FL 33015

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PD Azamar Gerardo 7994 N.W. 198th Ter. Hialeah, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD Azamar, Ernesto 12705 SW 96 Terr. Miami, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD Azamar, Ang 14272 SW 51 St Miami, FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Victor Azamar 7994 N.W. 198th Ter. Hialeah, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-19-02

Date Daytime Phone #

CR2E034B (12/01)

7/22/02

Division of Corporations

P.O. BOX 6327

Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **THE JERRY MICHEL, CORP.**

Thank you for your courtesy in this matter.



GERARDO AZAMAR
PRESIDENT