

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90082 006 ***150.00

DOCUMENT # P01000016033

1. Entity Name
J AND R AUTO BROKERS, INC.

Principal Place of Business

3500 N.W. 51 STREET
MIAMI FL 33142

Mailing Address

3500 N.W. 51 STREET
MIAMI FL 33142



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3500 NW 51 st
 Suite, Apt. #, etc.

3. Mailing Address

2400 W 6 LN
 Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

HIACLEAH, FL

4. FEI Number

65-1077737

Applied For

Not Applicable

Zip
33142

Country

USA

Zip
33010

Country

USA

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

6. Name and Address of Current Registered Agent

MOREJON, YOEL
3572 N.W. 50 ST.
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name **MIRIAM MOREJON**

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

2400 WEST 6 LN

City **HIACLEAH**

FL

Zip **33010**

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

MIRIAM MOREJON (Secretary) **2/1/02**

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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	VD	☐ Delete
NAME	MOREJON, YOEL	
STREET ADDRESS	3572 N.W. 50 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	PD	☐ Delete
NAME	MOREJON, IGNACIO	
STREET ADDRESS	3572 N.W. 50 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	SARAZA, NORMA	☒ Delete
NAME	SARAZA, NORMA	
STREET ADDRESS	3572 N.W. 50 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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, or all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Yoel MOREJON **2/1/02** **(305) 638-4090**

CR2E034 (9/01)