

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021827

1. Entity Name

J. GONZALEZ ENTERPRISE, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-21-2002 90052 038 ***150.00

Principal Place of Business

8380 NORTHWEST 103RD STREET
SUITE 106
HIALEAH GARDENS FL 33016

Mailing Address

8380 NORTHWEST 103RD STREET
SUITE 106
HIALEAH GARDENS FL 33016

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

#205

Suite, Apt. #, etc.

#205

City & State

SAME

City & State

SAME

Zip

SAME

Country

SAME

Zip

SAME

Country

SAME

4. FEI Number

651094145

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Jorge L. Gonzalez

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

8380 NW 103 ST

#205

City

Hialeah Gardens,

FL

Zip Code

33016

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

3-12-02

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 PSTD
NAME GONZALEZ, JORGE L
STREET ADDRESS 8380 NORTHWEST 103RD STREET SUITE 106
CITY-ST-ZIP HIALEAH GARDENS FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

TITLE
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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
CITY-ST-ZIP ☒ Change ☐ Addition
only change suite #205

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

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 807, 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 #

Jorge L. Gonzalez President 1-12-02 305-819-4495

CR2E034 (9/01)