

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0199020 AV

04-11-2002 90081 014 ***150.00

DOCUMENT # P01000025188

1. Entity Name
 JERITSA, INC.

Principal Place of Business
 56-61 NORTHWEST 125TH AVE.
 CORAL SPRINGS FL 33076

Mailing Address
 56-61 NORTHWEST 125TH AVE.
 CORAL SPRINGS FL 33076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 8221 Glades Road
 Suite, Apt. #, etc.
 7FA

3. Mailing Address
 8221 Glades Road
 Suite, Apt. #, etc.
 7FA

City & State
 Boca Raton FL

City & State
 Boca Raton FL

4. FEI Number
 22-3789529

Applied For
 Not Applicable

Zip Country
 33434 USA

Zip Country
 33434 USA

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

VALDIVIEZO, VILMA
 56-61 NORTHWEST 125TH AVE.
 CORAL SPRINGS FL 33076

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDIVIEZO, VILMA 56-61 NORTHWEST 125TH AVE. CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Vilma de Valdiviezo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-02
 Date

Daytime Phone #

CFR2E034 (9/01)