

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90438 048 ***150.00

DOCUMENT # *P01000037405*

1. Entity Name

JVR INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 S.W. 107 AVENUE

3. Mailing Address

1130 N. KENDALL DRIVE

Suite, Apt. #, etc.

Suite 408

Suite, Apt. #, etc.

Suite 202

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33174

Country

USA

Zip

33176

Country

USA

4. FEI Number

05-1100024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

~~*Jorge A. Rodriguez*~~ *Guillermo Perez Esq.*

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

~~*1130 N. Kendall Drive*~~ *400 S.W. 107 AVE.*

~~*Suite 202*~~

Suite 408

City

MIAMI

FL

Zip Code

33174

**DO NOT WRITE
IN THIS SPACE**

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

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
*PRESIDENT
JORGE A. RODRIGUEZ
1130 N. KENDALL DRIVE Suite 202
MIAMI, FL 33176*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VP, S, T
VANESSA M. RODRIGUEZ
1130 N. KENDALL DRIVE Suite 202
MIAMI, FL 33176*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge A. Rodriguez

4/27/2

Date

(286) 402-9561

Daytime Phone #

CR2E034B (12/01)