

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90174 050 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000039273

1. Entity Name
JDI ACCOUNTING SERVICES, INC.



80122201

Principal Place of Business
100 CARLISLE DR
MIAMI SPRINGS, FL 33166

Mailing Address
100 CARLISLE DR
MIAMI SPRINGS, FL 33166

2. Principal Place of Business
100 CARLISLE DR
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.
Same

City & State
Miami Springs, FL

City & State
Same

4. FEI Number
65-1099220

Applied For
Not Applicable

Zip
33166

Country
Dade

Zip
Same

Country
Same

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DE LA PENA, ISABEL
100 CARLISLE DR
MIAMI SPRINGS, FL 33166

7. Name and Address of New Registered Agent

Name
NONE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Isabel De la Pena

(NOTE: Registered Agent signature is required when addressing)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DE LA PENA, ISABEL
100 CARLISLE DR
MIAMI SPRINGS, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DE LA PENA, JENNIFER
100 CARLISLE DRIVE
MIAMI SPRINGS, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Isabel De la Pena - President 4/20/03

305-382-4056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CH2034 (10/02)