

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
 04-02-2002 90875 017 ***150.00

0282534 AV

DOCUMENT # P01000040078

1. Entity Name
J.P.N. CONCRETE CORP.

Principal Place of Business
 19334 S.W. 121TH COURT
 MIAMI FL 33177

Mailing Address
 19334 S.W. 121TH COURT
 MIAMI FL 33177

2. Principal Place of Business
 14525 SW 293 ST
 Suite, Apt. #, etc.

3. Mailing Address
 14525 SW 293 ST
 Suite, Apt. #, etc.

City & State
 Homestead Florida
 Zip 33033 Country Dade

City & State
 Homestead Florida
 Zip 33033 - Country Dade

4. FEI Number
 651102121

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ORJUELA, JOSE JR.
 19334 S.W. 121TH COURT
 MIAMI FL 33177

7. Name and Address of New Registered Agent

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 _____ 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ORJUELA, JOSE JR.	
STREET ADDRESS	19334 S.W. 121TH COURT	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MONTERO, PEDRO NEL	
STREET ADDRESS	EDIFICIO SILVIA ROSA KRA 17 NO 26A45 A#402	
CITY-ST-ZIP	STA MARTA, COLUMBIA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	QUINTERO, LINA MARIA	
STREET ADDRESS	EDIFICIO SILVIA ROSA KRA 17 NO 26A45 A#402	
CITY-ST-ZIP	STA MARTA, COLUMBIA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	QUINTERO, MARIA N	
STREET ADDRESS	19334 S.W. 121TH COURT	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Jose Orjuela Jr*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02 **(305)245-9549**
 Date Daytime Phone #

CR2E034 (9/01)