

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90501 050 ***150.00

DOCUMENT # P01000042281 ✓

1. Entity Name

JSi wire & HARNESS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

362 W. Melody Lane

Suite, Apt. #, etc.

3. Mailing Address

362 W. Melody Lane

Suite, Apt. #, etc.

City & State

Casselberry, Florida

City & State

Casselberry, Florida

Zip

32707

Country

U.S.A.

Zip

32707

Country

U.S.A.

4. FEI Number

59-3714966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

IUAN J. Ramirez

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

409 Ridgewood St.

City

ALTAMONTE SPGS.

FL

Zip Code

32701

**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

IUAN J. Ramirez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/27/02

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: PRESIDENT
NAME: IUAN J. RAMIREZ
STREET ADDRESS: 409 Ridgewood St.
CITY-ST-ZIP: ALTAMONTE SPRINGS FL. 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: V.P. OF OPERATIONS
NAME: IUAN M. RAMIREZ
STREET ADDRESS: 409 Ridgewood St.
CITY-ST-ZIP: ALTAMONTE SPRINGS FL. 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: I.T. DIRECTOR
NAME: JOSE A. RAMIREZ
STREET ADDRESS: 409 Ridgewood St.
CITY-ST-ZIP: ALTAMONTE SPGS. FL. 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: Secretary
NAME: JOANN V. RAMIREZ
STREET ADDRESS: 409 Ridgewood St.
CITY-ST-ZIP: ALTAMONTE SPGS. FL. 32701

TITLE
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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:

IUAN J. Ramirez

3-27-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)