2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90015 018 ***150.00

DOCUMENT # P01000046444

1. Entity Name
JUMANI SERVICES, CORP.

Principal Place of Business	Mailing Address
8760 SW 133 AVE ROAD BUILDING 9 SUITE 114 MIAMI FL 33183	8760 SW 133 AVE ROAD BUILDING 9 SUITE 114 MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11472 NW 43 Terrace	11472 NW 43 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33178 Country: USA	Zip: 33178 Country: USA

4. FEI Number: 65-1103513 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONTOYA, RAFAEL
8760 SW 133 AVE ROAD BUILDING 9 SUITE 114
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name: Montoya, Rafael
Street Address (P.O. Box Number is Not Acceptable): 11472 NW 43 Terrace
City: Miami FL Zip Code: 33178

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: X _____ 3/23/02
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MONTOYA, RAFAEL 8760 SW 133 AVE ROAD BUILDING 9 SUITE 114 MIAMI FL 33183	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Montoya, Rafael 11472 NW 43 Terrace Miami, FL. 33178	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED 3/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)