

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

DOCUMENT # P01000048971  
1. Entity Name

Community Bail Bonds, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

8357 W. Flagler Street  
Suite, Apt. #, etc.

PMB #128

City & State

Miami, Florida

Zip

Country

33144

USA

**DO NOT WRITE  
IN THIS SPACE**

4. FEI Number

65-1147734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Galleno, J. L.

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

8357 W. Flagler Street

PMB #128

City

Miami

FL

Zip Code

33144

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 re-registering)

9/1/02

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 \$81.25  
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  
Galleno, Jose L. Dir  
8357 W. Flagler Street #128  
Miami, Florida 33144

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

Date

Daytime Phone #

9/1/02 (705) 904-1292

# Community Bail Bonds Inc.

Florida Department of State  
Division of Corporations  
Filing Department  
P.O. Box 6327  
Tallahassee, Florida 32314

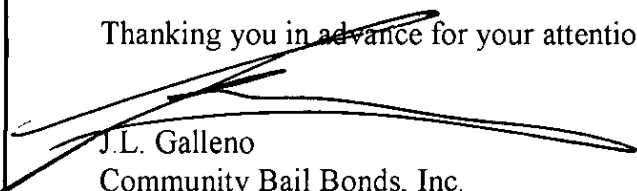
Ref Doc # P01000048971

To whom it may concern:

Pursuant to a telephone conversation with an agent from your department, I am writing you to inform you that due a move we never received the forms for filing our business report.

Therefore we have now download forms from your website, and are filing the forms for the year 2002. Along with change forms for directors and registered agent.

Thanking you in advance for your attention in this matter.

  
J.L. Galleno  
Community Bail Bonds, Inc.

Phone: (786)-357-0033  
E-mail : CommBailBonds@aol.com

**Primary Business Address**  
2520 Southwest 22 Street  
# 353  
Miami, Florida 33145