

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P-010000089684
1. Entity Name **JONO MEDICAL RESEARCH
COMP INC.**

FILED

03 APR 22 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
427 Golden Isles Dr
Suite, Apt. #, etc.
69
City & State
Hallandale Beach FL
Zip
33009 Country
USA

3. Mailing Address
427 Golden Isles Dr
Suite, Apt. #, etc.
69
City & State
Hallandale Beach, FL
Zip
33009 Country
USA

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4. FEI Number
65-1139938

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MIGUEL DE MOYA**
Street Address (P.O. Box Number is Not Acceptable)
427 Golden Isles Dr. # 69
City **Hallandale Beach FL** Zip Code
33009

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 Miguel de Moya MIGUEL de Moya** X **4/08/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MIGUEL DE MOYA 427 Golden ISLES DR Apt 69, 33009 (Hallandale)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President JOSE DE MOYA 427 Golden ISLES DR Apt 69, Hallandale (33009)
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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)(f), 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: **X Miguel de Moya MIGUEL de Moya** X **4/08/03**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)

21 4/23