

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV-6 PM 4:39

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 010000 94721

1. Entity Name

JULEAN PROFESSIONAL SERVICES INC.

Principal Place of Business

Mailing Address

12000 BISCAYNE BLVD - SUITE 507
MIAMI FLORIDA 33181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11/06/02 01127-010 \$150.00

4. FEI Number

65-1141690

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIARATO, UGO V

12000 BISCAYNE BLVD - SUITE 507
MIAMI FL 33181

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. I am familiar with, and accept the obligations of registered agent.

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

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
PTD PINZON, ALFONSO M.
12000 BISCAYNE BLVD - H 507
MIAMI FL 33181

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SP PINZON, LEANDRO A.
12000 BISCAYNE BLVD H 507
MIAMI FL 33181

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

JULEAN

POA

DEC 31 2002 13:01 898 5099

282

THIS TO CONFIRM THEY NEVER
RECEIVED NOTICE DUE TO MY CHANGE OF
ADDRESS BADLY MISDEALT BY U.S.P.O.

Ugo V. Chiarato
Certified Public Accountant
Florida and New York State

12000 Biscayne Blvd # 507
Miami, FL 33181

(305) 899-5099 p.m.
Fax (305) 899-5095
E-mail: micc@worldnet.att.net