

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000097417

1. Entity Name
JEO. R. CORP

FILED
Aug 11, 2002 8:00 am
Secretary of State

07-28-2002 90202 006 ***558.75

Principal Place of Business

P O BOX 111922
HIALEAH FL 33011

Mailing Address

P O BOX 111922
HIALEAH FL 33011

2. Principal Place of Business

937 E 19 ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 111922

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33013

Country

USA

City & State

Hialeah, FL

Zip

33011

Country

USA

4. FEI Number

65-1155084

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINES, JOSE
27 W 12 STREET
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name Jeovanny Reyes

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

27 W 12 ST

City Hialeah

FL

Zip Code

33010

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

Jeovanny Reyes President

07-27-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE Register Agent ☒ Delete
NAME Jose Martinez
STREET ADDRESS 27 W 12 ST Hialeah FL 33010
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Register Agent ☐ Change ☒ Addition
NAME Jeovanny Reyes
STREET ADDRESS 27 W 12 ST Hialeah FL 33010
CITY-ST-ZIP

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

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

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

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

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:

Jeovanny Reyes

07-27-02 305)345-8432

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)