

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

FILED

03 APR -4 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000097781

1. Entity Name  
J B R ENTERPRISES, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1960 S. DOUGLAS RD.

3. Mailing Address  
1960 S. DOUGLAS RD.

DO NOT WRITE IN THIS SPACE

Subj. Apt. #, etc.  
#8

State, Apt. #, etc.  
#8

City & State  
CORAL GABLES, FL.

City & State  
CORAL GABLES, FL.

4. FEI Number  
75-3033265

Applied For  
Not Applicable

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

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

**7. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

Name  
JULIO C. MACHADO

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

1960 S. DOUGLAS RD. #8

City  
CORAL GABLES

FL

Zip Code  
33134

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

*Julio C. Machado*

JULIO C. MACHADO

3/27/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing -  
Fund Contribution

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
P S  
MACHADO, JULIO C.  
STREET ADDRESS  
1960 S. DOUGLAS RD. #8  
CITY- ST- ZIP  
CORAL GABLES FL 33134

TITLE  
NAME  
100015320751  
STREET ADDRESS  
04/04/03--01060--006 \*\*\*150.00  
CITY- ST- ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Julio C. Machado*

*Julio C. Machado*

3/27/03

786 486 2099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Code #

CR2E0348 (12/02)

2/4/7