

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90221 041 ***550.00

DOCUMENT # P01000100198

1. Entity Name
JENORJA GROUP INC.



Principal Place of Business
17830 NW 47TH AVENUE
MIAMI FL 33055

Mailing Address
17830 NW 47TH AVENUE
MIAMI FL 33055



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1146729**

Applied For
 Not Applicable

Zip Country

Zip Country

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

CEBALLOS, NORBERTO
17830 NW 47TH AVENUE
MIAMI FL 33055

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CEBALLOS, NORBERTO	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS: 17830 NW 47TH AVENUE		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33055		CITY-ST-ZIP:	
NAME: CEBALLOS, MARTHA	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS: 17830 NW 47TH AVENUE		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33055		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: *Norberto A. Ceballos* August 09, 2002 (305) 625-6422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)