


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

10090042

DOCUMENT # P01000115676			
1. Entity Name JONUBE CORP.			
Principal Place of Business 14271 SW 107TH TERRACE MIAMI, FL 33186		Mailing Address 14271 SW 107TH TERRACE MIAMI, FL 33186	
2. Principal Place of Business 11695 SW 153 AVE		3. Mailing Address 11695 SW 153 AVE	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33196 Country USA		Zip 33196 Country USA	
4. FEI Number 69-0004404		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAVO, NURY 14271 SW 107TH TERRACE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name NURY BRAVO Street Address (P.O. Box Number is Not Acceptable) 11695 SW 153 AVENUE City Miami FL Zip Code 33196	
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, the new registered agent. SIGNATURE: <i>Nury Bravo</i> DATE: 4/25/03 <small>(NOTE: Registered Agent's signature required when submitting)</small>			
<small>FILE NOW WITH FEE IS \$150.00 APR - MAY 2003 Fee will be \$250.00 Make Check Payable to Florida Department of State</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAVO, NURY 14271 SW 107 TERRACE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President NURY BRAVO 11695 SW 153 AVENUE, MIAMI FL 33196 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAVO, SIMON S 14271 SW 107 TERRACE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Simon S BRAVO 11695 SW 153 AVENUE MIAMI FL 33196 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.			
SIGNATURE: <i>Nury Bravo</i>		DATE: 4/25/03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CR2003A (10/02)