

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90251 019 ***150.00

DOCUMENT # P02000000720
1. Entity Name
J.R. PRODUCTION & DISTRIBUTION INTERNATIONAL INC



Principal Place of Business
905 BRICKELL BAY DR., STE. 621
MIAMI FL 33131

Mailing Address
905 BRICKELL BAY DR., STE. 621
MIAMI FL 33131

2. Principal Place of Business
999 Brickell Bay DR
Suite, Apt. #, etc.
1908

3. Mailing Address
999 Brickell Bay DR
Suite, Apt. #, etc.
1908



☒ CHECK HERE IF MAKING CHANGES

City & State MIAMI FL
Zip 33131
Country USA

4. FEI Number 01-0580195
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ROSSI, JORGE
905 BRICKELL BAY DR., STE. 621
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name JORGE Rossi
Street Address (P.O. Box Number is Not Acceptable) 999 Brickell Bay Drive
Apt. 1908
City MIAMI **FL** **Zip Code** 33131

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 *Jorge Rossi* **DATE** 2-15-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, JORGE		NAME	ROSSI, JORGE	
STREET ADDRESS	905 BRICKELL BAY DR., STE. 621		STREET ADDRESS	999 Brickell Bay DR. Apt. 1908	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	MIAMI, FL. 33131	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, PAOLA		NAME	Rossi, Paola	
STREET ADDRESS	905 BRICKELL BAY DR., STE. 621		STREET ADDRESS	999 Brickell Bay DR. Apt. 1908	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	MIAMI, FL. 33131	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)