

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90084 037 ***150.00

DOCUMENT # P02000014573

1. Entity Name
RJKP, INC.



Principal Place of Business
**1025 N FLORIDA MANGO RD STE 3
W PALM BCH FL 33409**

Mailing Address
**1025 N FLORIDA MANGO RD STE 3
W PALM BCH FL 33409**

2. Principal Place of Business

1025 Florida Mango Pl

3. Mailing Address

Suite #3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Florida / W.P.B.

City & State

FL

Zip

33409

Country

U.S.A

Zip

33409

Country

U.S.A

4. FEI Number

010594450-1

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JIMENEZ, RALPH
1025 N FLORIDA MANGO RD STE 3
W PALM BCH FL 33409**

7. Name and Address of New Registered Agent

Name **SAME**

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

Ralph Jimenez
Signature, typed or printed name of registered agent and title if applicable

Ralph Jimenez
(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/03

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPP** ☐ Delete
NAME **JIMENEZ, RALPH**
STREET ADDRESS **1025 N FLORIDA MANGO RD STE 3**
CITY-ST-ZIP **W PALM BCH FL 33409**

TITLE **DVS** ☐ Delete
NAME **JIMENEZ, KATHLEEN A**
STREET ADDRESS **1025 N FLORIDA MANGO RD STE 3**
CITY-ST-ZIP **W PALM BCH FL 33409**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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:

Ralph Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph Jimenez 3/24/03

Date **FL** Daytime Phone # **1288**

CR2E034 (10/02)