

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90197 019 ***150.00

DOCUMENT # P02000027212

1. Entity Name
JBL INVESTMENTS INC.



Principal Place of Business
13322 SW 28TH TERRAC
MIAMI FL 33175

Mailing Address
13322 SW 28TH TERRAC
MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ **Not Applicable**

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

CORPORATE CREATIONS NETWORK INC.

941 FOURTH STREET #200
MIAMI BEACH FL 33139

None

Name

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

City MIAMI

FL

Zip Code 33174

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME LEON, BARBARA
STREET ADDRESS 6758 WEST FLAGLER STREET
CITY-ST-ZIP MIAMI FL 33144

TITLE D-LEON, BARBARA ☒ Change ☐ Addition
NAME 13322 SW 28th
STREET ADDRESS MIA, FL 33175
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LEON, JORGE
STREET ADDRESS 6758 WEST FLAGLER STREET
CITY-ST-ZIP MIAMI FL 33144

TITLE D ☒ Change ☐ Addition
NAME LEON, Jorge
STREET ADDRESS 13322 SW 28th
CITY-ST-ZIP MIA, FL 33175

TITLE D ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03
Date

305-819-0601
Daytime Phone #

CR2E034 (10/02)