

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000051067

1. Entity Name

JIMMY ENTERPRISE USA INC.



Principal Place of Business

677 SW 9TH AVE. #103
MIAMI FL 33130

Mailing Address

677 SW 9TH AVE. #103
MIAMI FL 33130

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

VARGAS, JIMMY

677 SW 9TH AVE. #103

MIAMI FL 33130

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 PD
NAME VILLAMAR, NORMA
STREET ADDRESS 677 SW 9TH AVE. #103
CITY-ST-ZIP MIAMI FL 33130 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1000230217 P1
09/12/03--01060--003 **150.00 ☐ Change ☐ Addition

TITLE VPD
NAME VARGAS, JIMMY
STREET ADDRESS 677 SW 9TH AVE. #103
CITY-ST-ZIP MIAMI FL 33130 ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

0039068
AV

FILED

03 SEP 10 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Attachment #

PO20000051067

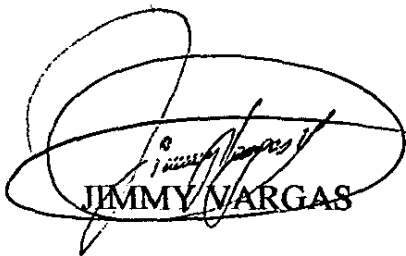
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Miami. August 28, 2003.

To Whom It May Concern:

The purpose of this letter is to inform you that, such which I explained to one of your Official by phone, I couldn't provide you my Identification Number before because I applied seven times and they sent to me it on 08-27-03. I attached a copy as proof of it and I request that, please, receive the \$150, since the delay in providing the Identification Number, as I explained, it was not mine.

Respectfully,



JIMMY VARGAS