

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

FILED

03 DEC 11 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000053856

1. Entity Name

J.O. ENTERPRISES USA, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7804 ALLSPICE CIRCLE E

Suite, Apt. #, etc.

3. Mailing Address
7804 ALLSPICE CIRCLE E

Suite, Apt. #, etc.

City & State
JACKSONVILLE FLORIDA

City & State
JACKSONVILLE FLORIDA

4. FEI Number 04-3686484

Applied For
Not Applicable

Zip
32244

Country
DUVAL

Zip
32244

Country
DUVAL

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

7. Name and Address of Current Registered Agent

Name

Grant Kaplan

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

20283 State Road 7, #400 ESSE

11/25/09--01059--010 **750.00

City

Boca Raton

FL

Zip Code
33498

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IN THIS SPACE**

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

January 1 - May 1 Fee is \$160.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

P
Jorge O. Osorio
7804 Allspice circle E
Jacksonville Florida 32244

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)