

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90378 042 ***150.00

DOCUMENT # P02000065476

1. Entity Name

JIREH REALTY, INC



DO NOT WRITE IN THIS SPACE

11038609

2. Principal Place of Business

5370 PALM AVE

3. Mailing Address

5370 PALM AVE

Suite, Apt. #, etc.

#10

Suite, Apt. #, etc.

#10

DO NOT WRITE IN THIS SPACE

City & State

HIALEAH FL

City & State

HIALEAH FL

4. FEI Number

01-0735370

Applied For

Not Applicable

Zip

33012

Country

USA

Zip

33012

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MORALES INDIRA

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

5370 PALM AVE

#10

City

HIALEAH

FL

Zip Code

33012

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 \$150.00

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	PST
NAME	MORALES INDIRA
STREET ADDRESS	5370 Palm Ave #10
CITY - ST - ZIP	HIALEAH FL 33012
TITLE	
NAME	OTERO ANTONIO
STREET ADDRESS	5370 PALM AVE #10
CITY - ST - ZIP	HIALEAH FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

Indira Morales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/28/04

Daytime Phone #

CR2E034B (12/02)