

2003

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

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90133 038 ***150.00

DOCUMENT # **P02000079715**

1. Entry Name
JD INT. CORP.

2. Principal Place of Business
1990 NE 163 ST

3. Mailing Address
SAME

4. City
NORTH MIAMI BEACH, FL

5. Zip
33162

6. Country
USA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1990 NE 163 ST

3. Mailing Address
SAME

4. City
NORTH MIAMI BEACH, FL

5. Zip
33162

6. Country
USA

4. FEI Number
55-0788037

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

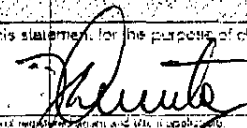
Name
JORGE M. DURANTE

Street Address (P.O. Box Number is Not Acceptable)
10295 COLLINS AVENUE # 528

City
BEACH HARBOR

FL
33414

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.

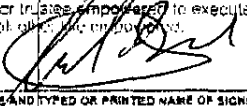
SIGNATURE  **05/28/03**

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE PRESIDENT	NAME JORGE M. DURANTE	TITLE PRESIDENT	NAME JORGE M. DURANTE
STREET ADDRESS 10295 COLLINS AVENUE # 528	STREET ADDRESS 10295 COLLINS AVENUE # 528	STREET ADDRESS 10295 COLLINS AVENUE # 528	STREET ADDRESS 10295 COLLINS AVENUE # 528
CITY-STATE-ZIP BEACH HARBOR, FL 33414	CITY-STATE-ZIP BEACH HARBOR, FL 33414	CITY-STATE-ZIP BEACH HARBOR, FL 33414	CITY-STATE-ZIP BEACH HARBOR, FL 33414
TITLE V. PRESIDENT	NAME SAUL ORTIZ	TITLE V. PRESIDENT	NAME SAUL ORTIZ
STREET ADDRESS 9401 NW Little River Blvd.	STREET ADDRESS 9401 NW Little River Blvd.	STREET ADDRESS 9401 NW Little River Blvd.	STREET ADDRESS 9401 NW Little River Blvd.
CITY-STATE-ZIP MIAMI, FL 33147	CITY-STATE-ZIP MIAMI, FL 33147	CITY-STATE-ZIP MIAMI, FL 33147	CITY-STATE-ZIP MIAMI, FL 33147
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS
CITY-STATE-ZIP 	CITY-STATE-ZIP 	CITY-STATE-ZIP 	CITY-STATE-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS
CITY-STATE-ZIP 	CITY-STATE-ZIP 	CITY-STATE-ZIP 	CITY-STATE-ZIP

**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)(c), 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 or without the corporation.

SIGNATURE:  **JORGE DURANTE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Ortiz

J. Durante