

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90094 027 \*\*\*158.75

**DOCUMENT # P02000082381**

1. Entity Name  
**JUPITER CORP.**



Principal Place of Business  
**COLLINS AV 9601 APT. 1203  
BAL HARBOUR FL 33159**

Mailing Address  
**COLLINS AV 9601 APT. 1203  
BAL HARBOUR FL 33159**

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

**51-041804**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MONOPOLI, JORGE  
COLLINS AV 9601 APT. 1203  
BAL HARBOUR FL 33159**

7. Name and Address of New Registered Agent

Name **Arvelco A. Piedra**  
Street Address (P.O. Box Number is Not Acceptable)

**780 NW 42 AVE Ste 516**

City **Miami**

FL

Zip Code **33126**

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

**3-20-03**

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>MONOPOLI, JORGE O</b>	
STREET ADDRESS	<b>COLLINS AV 9601 APT. 1203</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL 33159</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>MUNUERA, MABEL L</b>	
STREET ADDRESS	<b>COLLINS AV 9601 APT. 1203</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL 33159</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORINI, GRACIELA</b>	
STREET ADDRESS	<b>780 NW 42 AVE Ste 516</b>	
CITY-ST-ZIP	<b>33126 - MIAMI</b>	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, DARDO O</b>	
STREET ADDRESS	<b>780 NW 42 AVE Ste 516</b>	
CITY-ST-ZIP	<b>33126</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)