

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90193 037 ***150.00

DOCUMENT # P02000104509	
1. Entity Name J.S. Services Entity, Inc. ✓	

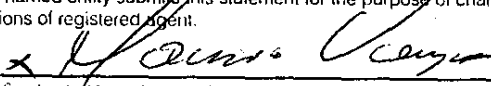
Principal Place of Business 14865 SW 63 St. Miami, FL 33193	Mailing Address 14865 S.W. 63 St. Miami, FL 33193
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

☐ CHECK HERE IF MAKING CHANGES	
4. FEI Number 55-0798424	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent Vargas, Mauricio 14865 S.W. 63 St. Miami, FL 33193
--

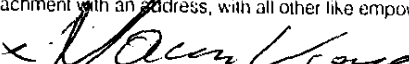
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 	DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐
PSTD Vargas, Mauricio 14865 S.W. 63 St Miami, FL 33193	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS 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: 	4.14.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	