

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

FILED

03 DEC -8 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000104876**

1. Entity Name

**JOFE MAR, Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**12589 SW 21st St.**

3. Mailing Address

**12589 SW 21st St.**

**REINSTATEMENT**

**03**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

**MIRAMAR, FL**

City, State

**MIRAMAR, FL**

4. FEI Number

**46-0501058**

Applied For

Not Applicable

Zip

**33027**

Country

**USA**

Zip

**33027**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**THOMAS R. HERRERA**

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

**1250 E HALLANDALE BEACH BLVD**

**#1004**

City

**HALLANDALE**

FL

Zip

**33009**

**DO NOT WRITE  
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

**Thomas R. Herrera**

**12/04/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**P.D.  
CORREA, JOSE F. SR.  
12589 SW 21st St.  
MIRAMAR, FL 33027**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**500025328725  
12/08/03--01076--002 \*\*150.00**

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CITY-STATE-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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

**Jose F. Correa**

**PRESIDENT/DIRECTOR**

**12/04/03**

**954-451-0970**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034B (12/02)

Jofemar, Inc.  
12589 SW 21th St.  
Miramar, FL 33027

December 4, 2003

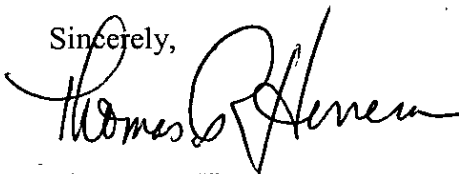
Annual Report Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Jofemar, Inc.  
Document# P02000104876

To Whom It May Concern,

The above corporation has never received an annual report notice or form for 2003. Based upon a telephone conversation with an annual report representative today, I was instructed to pay the \$150 filing fee and fill out the enclosed form. Thank you for your prompt attention in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas R. Herrera". The signature is fluid and cursive, with a large, stylized initial "T" and "H".

Thomas R. Herrera  
Registered Agent  
For Jofemar, Inc.