

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

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90125 024 ***150.00

DOCUMENT # P03000116725

1. Entity Name

JENJAR CORPORATION



DO NOT WRITE IN THIS SPACE

40081138

2. Principal Place of Business

903 Stillwater Ct.

Suite, Apt. #, etc.

3. Mailing Address

903 Stillwater Ct

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESTON FLORIDA

City & State

WESTON FLORIDA

4. FEI Number

20-0639525

Applied For

Not Applicable

Zip

33327

Country

BROWARD

Zip

33327

Country

BROWARD.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALEJANDRO JARAMILLO

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

903 Stillwater Ct

City

WESTON

FL

Zip Code

33327

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/05

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-ST-ZIP	PRESIDENT ALEJANDRO JARAMILLO 903 STILLWATER CT WESTON, FLA 33010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ELIZABETH JARAMILLO 903 STILLWATER CT WESTON, FLA 33010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elizabeth Jaramillo 4/29/05 (305) 887-3665

CR2E034B (12/02)