

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

ATX1

DOCUMENT # PO7000025015
1. Entity Name J & R MOWER REPAIR, INC. 3098 NW 62nd. ST. MIAMI FL. 33147

FILED

09 JUN 29 AM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3098 NW 62nd. St. Suite, Apt. #, etc. MIAMI FL. City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 33147	Country	Zip	Country

700156726307
06/03/09--01022--017 **1800.00
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name JOSE RAUL FIGUEROA	
	Street Address (P.O. Box Number is Not Acceptable) 13365 S.W. 253 RD TEL	
	City HOMES READ	
	City FL	Zip Code 33032

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** 6/19/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$180.00 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12 V.D. ST. 13365 SW. 253 RD HOMES READ 33032	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSE RAUL FIGUEROA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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

4/17/09 788.512635K
Date Daytime Phone #