

# 2000 UNIFORM BUSINESS REPORT (UBR)

0226620

**DOCUMENT # P92000011517**

1. Entity Name  
**JORGE & SON CORP.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 MAR 14 AM 11:18

Principal Place of Business      Mailing Address  
2300 CORAL WAY      2300 CORAL WAY  
SUITE 200      SUITE 200  
MIAMI FL 33145      MIAMI FL 33145-3511

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



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0390245**      Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FLORIDA ANNUAL REPORT SERVICES INC**  
2300 CORAL WAY  
#200  
MIAMI FL 33145

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.

SIGNATURE

**AMADA CANTERA LOPEZ, PRES.**

**3/9/00**  
DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PTD</b> <input type="checkbox"/> Delete
NAME	<b>ARTILES, JORGE J</b>
STREET ADDRESS	<b>2485 W FLAGLER ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> Delete
NAME	<b>ARTILES, ELENA</b>
STREET ADDRESS	<b>2485 W FLAGLER ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>0000003173400-7</b>
STREET ADDRESS	<b>-03/17/00--01009--002</b>
CITY-ST-ZIP	<b>****150.00 ****150.00</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	<b>03/14</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **JORGE J. ARTILES, PRES.**

**3/9/00**  
Date

Daytime Phone #

CR2E034 (9/99)