

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000028098

1. Entity Name

JUBENICSA, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90042 033 ***150.00

Principal Place of Business

Mailing Address

20000 FRANJO ROAD
 MIAMI FL 33189-1815

20000 FRANJO ROAD
 MIAMI FL 33189-1815

2. Principal Place of Business

3. Mailing Address

20000 FRANJO ROAD
 Suite, Apt. #, etc.

SALE
 Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

SALE

Zip

33189

Country

USA

Zip

Country

4. FEI Number

65-0443273

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

MOLANO-FERMIN, EVANGELINA
 400 N.W. 136 AVE.
 MIAMI FL 33182

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 BERRIOS, JULIO A
 20000 FRANJO RD.
 MIAMI FL 33189 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP
 S
 BERRIOS, RUTH
 20000 FRANJO RD.
 MIAMI FL 33189 ☐ Delete

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 CITY-ST-ZIP
☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)