## 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000042774

## FILED May 16, 2002 8:00 am

JYL CORP.					05-16-2002 90078 041 ***150.00						
Principal Place of Business 14309-SW 54-ST MIAMI 51-35175			{881}90	}  <b>  (3188</b> )11	11 <b>44</b> 117 <b>24</b> 111 <b>2</b> 5		III (88)	( <b>13</b> )( <b>8</b> )4: :40:			
2. Principal Place of Business	3. Mailing Address										
942 SW 82 are Suite, Apt. # etc. #1	Suite, Apt. #, etc.				DO 1	IOT MOTE IN	VI TUUS 0040				
City & State		DO NOT WRITE IN THIS SPACE  4. FEI Number CE-04173E7   Applied Fo									
Zip Country . S. A.	Zip	Country			05-04			1	Applied For Not Applicable		
6. Name and Address of Curren	t Basistand &		_	Certificate o			Fee F	Requir	iditional ed		
EGUES, ROBERTO 12747 SW BIRD <sup>®</sup> RD #339 MIAMI-FL 33175		Street Addre		w 82	r is Not Ac	ceptable)	FL Z	ip Cod	de /		
8. The above named entity submits this statement for SIGNATURE  Share typed or printer ame of registered agent  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	and title if applicable. (NOT)	E: Registered Agent signature requirements [11] FEE IS \$150.00  102 Fee will be \$550.0	uired when re	instating)			- 15:- C	2			
(See criteria on back)  11. OFFICERS AND	Make Check Payab	ole to Department of S	State	Trus	t Fund Cor	ntribution.		Added	d to Fees		
TITLE D NAME EGUES, ROBERTO STREET ADDRESS 12747 SW 40ST #339 CITY-ST-ZIP MIAMI FL 33175	□ Delete	12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	94 m	i Omu	HANGEST W& Z	g OFFICER Me 33/4	S AND DIREC		S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	•		<del>-33 / yÿ</del>	□ Ch	ange	Addition		
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NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	···			:	☐ Cha	ange	☐ Addition		
itle IAME Treet Adoress Ity-St-Zip	□ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Cha	inge	Addition		
ITLE IAME TREET ADDRESS ITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	``		☐ Chai	Ĭ	Addition		
<ol><li>I hereby certify that the information supplied with t indicated on this report or supplemental report is to of the corporation or the receiver or trustee empor changed, or on an attachment with an address, w</li></ol>	ranga at tage and a second at the second at	he exemption stated in S signature shall have the s required by Chapter 60	Section 119 same leg 07, Florida	9.07(3)(i), F al effect as Statutes; a	lorida Stat if made u nd that my	utes. I further nder oath; th name appe	r certify that t at I am an off ars in Block	he infe ficer o	ormation r director Block 12 if		

**SIGNATURE:**