

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90396 048 \*\*\*150.00

**DOCUMENT # P94000035694**

1. Entity Name

**JOSE FLORES ENTERPRISES CORPORATION**

Principal Place of Business

3850 SW 87TH AVE  
 #102  
 MIAMI FL 33165  
 US

Mailing Address

3850 SW 87TH AVE  
 #102  
 MIAMI FL 33165-5472  
 US

*NEW OWNERS*

2. Principal Place of Business

**6967 SW 24 ST**

Suite, Apt. #, etc.

3. Mailing Address

**6967 SW 24 ST**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0489476**

Applied For

Not Applicable

Zip

Country

**33165**

Zip

Country

**33165**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FLORES, JOSE**  
**3850 SW 87TH AVE**  
**#102**  
**MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name **JOSE FLORES**

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

**6967 SW 24 ST**

City

**MIAMI**

FL

Zip Code

**33165**

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-03-01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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

TITLE	<b>PS</b>	<input type="checkbox"/> Delete
NAME	<b>FLORES, JOSE</b>	
STREET ADDRESS	<b>3850 SW 87TH AVE #102</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
STREET ADDRESS		
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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 all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-03-01 305 266-7776**

Date

Daytime Phone #

CR2E034 (9/99)