

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048112 (4)
Entity Name
TEJOBE FLORIDA, INC.

FILED
Jun 30, 2000 8:00 am
Secretary of State
06-30-2000 90002 023 ***550.00

Principal Place of Business
4675 PONCE DE LEON BLVD
SUITE 305
CORAL GABLES FL 33146

Mailing Address
PO BOX 522614 HAM
MIAMI FL 33152-2614



00066957

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
4675 Ponce de Leon Blvd
Suite, Apt. #, etc.
305
City & State
Coral Gables FL
Zip
33146-2113
Country

4. FEI Number
65-6156568
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROBERT W. JENSEN ESQ
75 PONCE DE LEON BLVD STE 305
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESSES ST-ZIP	D RODRIGUEZ, FERMIN 4675 PONCE DE LEON BLVD #305 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESSES ST-ZIP	D RODRIGUEZ, MARIA T 4675 PONCE DE LEON BLVD #305 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESSES ST-ZIP	D RODRIGUEZ, MARIA B 4675 PONCE DE LEON BLVD #305 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* 6-23-00 305-666-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)