

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90012 003 \*\*\*150.00

**DOCUMENT # P94000064692**

1. Entity Name

**JURADO ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

**101 GARLAND CIRCLE  
PALM HARBOR FL 34683**

**P.O. BOX 577  
PALM HARBOR FL 34682-0577  
US**

**010498**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3265183**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JURADO-BAS, ADALBERTO  
101 GARLAND CIRCLE  
PALM HARBOR FL 34683-5171**

Name **Eunice Sein**

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

**190 N Mayo St**

City **Crystal Beach**

**FL**

Zip Code **34681**

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, 2001 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	TD	<input checked="" type="checkbox"/> Delete
NAME	JURADO-BAS, ADALBERTO	
STREET ADDRESS	849 S W 5TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SEIN, EUNICE	
STREET ADDRESS	101 GARLAND CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JURADO-HERNANDEZ, KATHRYN	
STREET ADDRESS	14723 REDCLIFF DR	
CITY-ST-ZIP	TAMPA FL 33625	
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	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hernandez, Danny	
STREET ADDRESS	13131 Carrollwood Creek Dr	
CITY-ST-ZIP	Tampa FL 33624	
TITLE	SEIN EUNICE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIN EUNICE	
STREET ADDRESS	190 N Mayo St	
CITY-ST-ZIP	Crystal Beach FL 34681	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jurado-Hernandez, Kathryn	
STREET ADDRESS	13131 Carrollwood Creek Dr	
CITY-ST-ZIP	Tampa FL 33624	
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		
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:

**Adalberto Jurado-Bas PRES.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/01**  
Date

**722-786-6280**  
Daytime Phone #

CR2E034 (10/00)