

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067463

1. Entity Name
JORGE ECHARTE, JR., INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90104 026 ***150.00

Principal Place of Business
6699 90TH AVE., N.
PINELLAS PARK FL 33782
US

Mailing Address
6699 90TH AVE., N.
PINELLAS PARK FL 33782
US

2. Principal Place of Business
742-2ND AVE S.

3. Mailing Address
742-2ND AVE S.

Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL.

City & State
ST. PETERSBURG, FL.

Zip
33701

Country
PINELLAS

Zip
33701

Country
PINELLAS

6. Name and Address of Current Registered Agent
ECHARTE, J
6699 90TH AVE N
PINELLAS PK FL 33782

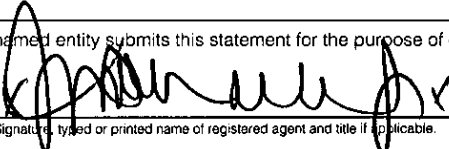
4. FEI Number 59-3271147

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
ECHARTE, J.
Street Address (P.O. Box Number is Not Acceptable)
742-2ND AVE. S.
City ST. PETERSBURG FL Zip Code 33701

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  JORGE ECHARTE JR 5-1-01

(NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ECHARTE, JORGE JR		NAME		
STREET ADDRESS	267 RAFAEL BLVD. N.E.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33704		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  JORGE ECHARTE JR 5-1-01 725-541-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)