

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086678

1. Entity Name

JNR PROPERTIES, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90030 018 ***150.00

Principal Place of Business

Mailing Address

7746 N. CHERRY LK GR RD
GROVELAND FL 34736

P O BOX 254
CLERMONT FL 34712

016183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

17925 CORAL WOOD LN.
Suite, Apt. #, etc.

P.O. BOX 254
Suite, Apt. #, etc.

City & State

City & State

GROVELAND FL

CLERMONT, FL

4. FEI Number

59-3296819

Applied For

Not Applicable

Zip
34736

Country
LAKE

Zip
34712

Country
LAKE

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

RAMNARAIN, SUABI
7746 N CHERRY LAKE GROVES RD
CLERMONT FL 34711

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	TUSSING, RICK	
STREET ADDRESS	10332 CLEAR LAKE DR	
CITY-ST-ZIP	CLERMONT FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANTONY, JOHN	
STREET ADDRESS	11130 CRESCENT BAY BLVD	
CITY-ST-ZIP	CLERMONT FL 34712	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAMNARAIN, SUABI	
STREET ADDRESS	7746 N CHERRY LAKE GROVES RD	
CITY-ST-ZIP	CLERMONT FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	D'OLIVERIA, JOSEPH	
STREET ADDRESS	21842 FIGUEROA ST	
CITY-ST-ZIP	CARSON CA 90745	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

S
RAMNARAIN, SUABI
17925 CORALWOOD LN.
GROVELAND, FL 34736

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)