

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P950000018893**

1. Entity Name

JASMINE IMPORT AND EXPORT, INC.

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90034 007 ***150.00

Principal Place of Business

Mailing Address

2811 N.W. 103 Street
Miami, Florida 33147

A0072294

2. Principal Place of Business

2811 N.W. 103 St.Mia.Fl.

3. Mailing Address

2811 N.W. 103 Street

Suite, Apt. # etc.

N/A

Suite, Apt. #, etc.

N/A

DO NOT WRITE IN THIS SPACE

City & State

Miami, Fla. 33147

City & State

Miami, Fla. 33147

4. FEI Number

65-0563166

Applied For

Not Applicable

Zip

33147

Country

Miami Dade

Zip

33147

Country

USA

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

Fabiola Hernandez
2811 N.W. 103 Street
Miami, Florida 33147

Name

N/A

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!!

After MAY 1, 2001

Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	Fabiola Hernandez 2811 N.W. 103 Street Miami, Florida 33147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 is 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

05-18-01

Date

Daytime Phone #

CR2E034 (11/00)