


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90134 036 ***150.00

DOCUMENT # P95000029034

1. Entity Name
JOSE MUNOZ, INC.



Principal Place of Business
1212 SHELTER ROCK RD.
ORLANDO FL 32835

Mailing Address
1212 SHELTER ROCK RD.
ORLANDO FL 32835

2. Principal Place of Business
6192 Raleigh St
Suite, Apt. #, etc. APT # 318
City & State ORLANDO FL.
Zip 32835 Country USA

3. Mailing Address
6192 Raleigh St
Suite, Apt. #, etc. # 318
City & State ORLANDO FL.
Zip 32835 Country USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
MUNOZ, JOSE
1212 SHELTER ROCK RD.
ORLANDO FL 32835

4. FEI Number 59-3307510
Applied For Not Applicable

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
~~After May 1, 2003 Fee will be \$550.00~~
~~Make Check Payable to Florida Department of State~~

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	MUNOZ, JOSE	1212 SHELTER ROCK RD.	ORLANDO FL 32835	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	MUNOZ, JOSE	6192 RALEIGH ST # 318	ORLANDO FL 32835	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 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

2/24/03 (407) 592-1779
Date Daytime Phone #

CR2E034 (10/02)