

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90273 004 \*\*\*150.00

**DOCUMENT # P95000034128**

1. Entity Name  
**JOMIN & SONS ENTERPRISE, INC.**

Principal Place of Business

7305 CURRY FORD RD.  
 ORLANDO FL 32822

Mailing Address

7305 CURRY FORD RD.  
~~ORLANDO FL 32822~~

39134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9692 Loblolly Pine Cr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

4. FEI Number

59-3312627

Applied For

Not Applicable

Zip

Country

Zip

Country

32827

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

FRANCISCO-ROMAN, JOSE MR.

~~629 LAKE DISCAYNE WAY~~

~~ORLANDO FL 32824~~

Name

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

9692 Loblolly Pine Circle

City

Orlando

FL

Zip Code

32827

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME P  
 STREET ADDRESS FRANCISCO ROMAN, JOSE  
 CITY-ST-ZIP ~~629 LAKE DISCAYNE BLVD~~  
~~ORLANDO FL 32824~~

TITLE ☐ Change ☐ Addition  
 NAME P  
 STREET ADDRESS FRANCISCO, ROMAN, JOSE  
 CITY-ST-ZIP 9692 LOBLOLLY PINE CIRCLE  
 ORLANDO, FL 32827

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02

407-518-9840

Date

Daytime Phone #

CR2E034 (4/02)

*Attachment*  
**Jomin & Sons Enterprise, Inc.**

*39134*

9692 Loblolly Pine Circle  
Orlando, FL 32827  
(407) 518-9840

July 15, 2002

DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

Ref. Document # P95000034128

Dear Sirs:

We sent our Uniform Business Report with the check in the amount of \$150.00 payable to Florida Department of State. Today we received the second notice, and immediately we called to your office. Your representative explained to us that you have returned the report for lack of signature, However, we did not receive the returned report.

According to your instructions, and in lieu of the previous report, we are sending the report with the new mailing address to substitute our previous annual report that apparently was lost in the mail.

I respectfully request the consideration of filing my UBR on time since we never received the returned mail. We apologize for any inconvenience.

Thank you for your cooperation.

Cordially,

Jose F. Roman, President and Resident Agent

