

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90019 004 \*\*\*158.75

**DOCUMENT # P95000068901**

1. Entity Name

**JUANRUB, CORP.**

Principal Place of Business

Mailing Address

**WEST OKEECHOBEE ROAD  
 FL 33016**

**12531 WEST OKEECHOBEE ROAD  
 HIALEAH 33018-6026**

60014437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0606937**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JUAN  
 15183 W LOCH ISLE DRIVE  
 MIAMI LAKES FL**

7. Name and Address of New Registered Agent

Name

**(Same)**

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

*Juan Rodriguez*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**1/12/00**  
 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

TITLE **DP** ☐ Delete  
 NAME **RODRIGUEZ, JUAN**  
 STREET ADDRESS **15183 WEST LOCH ISLE DRIVE**  
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **DS** ☐ Delete  
 NAME **MENDEZ, RUBEN**  
 STREET ADDRESS **9591 FONTAINBLEAU BLVD. #401**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D President** ☒ Change ☐ Addition  
 NAME **Rodriguez Juan**  
 STREET ADDRESS **14501 Harris Place**  
 CITY-ST-ZIP **miamilakes FL 33014**

TITLE **D Secretary** ☒ Change ☐ Addition  
 NAME **Rodriguez, Juan**  
 STREET ADDRESS **14501 Harris Place**  
 CITY-ST-ZIP **Miami Lakes FL 33014**

TITLE **ov. Pres.** ☒ Change ☐ Addition  
 NAME **Rodriguez, Juan**  
 STREET ADDRESS **1450 Harris Place**  
 CITY-ST-ZIP **Miami Lakes FL 33014**

TITLE **D Treasurer** ☒ Change ☐ Addition  
 NAME **Rodriguez, Juan**  
 STREET ADDRESS **1450 Harris Place**  
 CITY-ST-ZIP **Miami FL 33014**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/00**  
 Date

**(305) 824-0691**  
 Daytime Phone #

CR2E034 (9/99)