## CR2F034 /10/00

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 05, 2001 8:00 am DOCUMENT # P95000091864 **Secretary of State** 1. Entity Name JEGB INVESTMENT, INC. 02-05-2001 90124 046 \*\*\*150.00 Principal Place of Business Mailing Address 980 W 51 PLACE 980 W 51 PLACE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0652855 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARCIA, JULIO E Street Address (P.O. Box Number is Not Acceptable) 980 WEST 51ST PLACE HIALEAH FL 33012 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PVST** Addition ☐ Delete TITLE Change TITLE NAME GARCIA, JULIO E STREET ADDRESS STREET ADDRESS 980 W 51 PLACE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME GARCIA, JULIO E NAME STREET ADDRESS STREET ADDRESS 980 W 51 PLACE CITY-ST-7IP CITY\_ST-ZIP-HIALEAH FL-33012 Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receive or trustee empowered to executa 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 attacpment with an appress, with a property of the rike propowered.

SIGNATURE:

Superfuse and Typed on Printed Tange of Sidning officer on Director

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