

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90105 003 ***550.00

DOCUMENT # P96000043201

1. Entity Name
JEBCO INTERNATIONAL, INC.

Principal Place of Business
2601 SOUTH BAYSHORE DRIVE
19TH FLOOR
COCONUT GROVE FL 33131

Mailing Address
C/O EILEEN TRAUTMAN ESO
2601 S BAYSHORE DR 19 FLOOR
MIAMI FL 33133
US

00063499



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 SE Second St

Suite, Apt. #, etc.
Suite 4000

City & State
Miami FL

Zip
33131 Country
US A

3. Mailing Address
100 SE Second St

Suite, Apt. #, etc.
Suite 4000

City & State
Miami FL

Zip
33131 Country
USA

4. FEI Number
65-0835385

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TRAUTMAN, EILEEN
2601 SOUTH BAYSHORE DRIVE
19TH FLOOR
COCONUT GROVE FL 33131

7. Name and Address of New Registered Agent

Name **Same**
 Street Address (P.O. Box Number is Not Acceptable)
100 SE Second St.
Suite 4000
 City **mia** **FL** Zip Code **33131**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **9/19/01**

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 12, 2001 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

TITLE **D** ☐ Delete
 NAME **FETTER, HOWARD**
 STREET ADDRESS **6395 COTE DE LIESSE**
 CITY-ST-ZIP **MONTEAL QUEBEC H4T 1E5**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

Aug 29/01
 Date

President
 Daytime Phone #

CR2E034 (5/01)