

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070605

1. Entity Name

JOSE ENTERPRISES OF FLORIDA, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90066 024 \*\*\*150.00

Principal Place of Business

Mailing Address

515 JOHN KNOX  
TALLAHASSEE FL 32363

P.O. BOX 961539  
RIVERDALE GA 30296-6907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3412090

Applied For

Not Applicable

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

MONTE, MARTIN  
515 JOHN KNOX  
TALLAHASSEE FL 32363

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.

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DIAZ, JOSE	
STREET ADDRESS	3513 W. SURREY ROAD	
CITY-ST-ZIP	ALBANY GA 31707	
TITLE	V	<input type="checkbox"/> Delete
NAME	MELENDEZ, JOSE	
STREET ADDRESS	1406 EAGER AVENUE	
CITY-ST-ZIP	ALBANY GA 31701	
TITLE	S	<input type="checkbox"/> Delete
NAME	MONTE, MARTIN	
STREET ADDRESS	2519-D OLD BAINBRIDGE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORENO, MARIA	
STREET ADDRESS	2507 NUTTINGHAM WAY, #401	
CITY-ST-ZIP	ALBANY GA 31707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Martin Montes 4/3/00 850/422-1099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)