

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076038

1. Entity Name

JIMRO ENTERPRISES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90062 046 ***150.00

Principal Place of Business

Mailing Address

9717 SW 147 CT
 FL 33196

9717 SW 147 CT
 MIAMI FL 33196-1638

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

65-0699697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARANA, MARIA L
 9717 SW 147 CT
 MIAMI FL 33196

Name

JAIME ARANA

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

9717 SW 147 CT

City

MIAMI

FL

Zip Code

33196

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 PD
 NAME ARANA, MARIA L
 STREET ADDRESS 9717 SW 147 CT
 CITY-ST-ZIP MIAMI FL 33196

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD
 NAME ARANA, JAIME H
 STREET ADDRESS 9717 SW 147 CT.
 CITY-ST-ZIP MIAMI FL 33155

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD
 NAME JAIME, H
 STREET ADDRESS 9717 SW 147 CT.
 CITY-ST-ZIP MIAMI FL 33196

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD
 NAME ROCCIO, ARANA
 STREET ADDRESS 9717 SW 147 CT.
 CITY-ST-ZIP MIAMI FL 33196

TITLE
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TITLE
 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

2/9/00 305386 4572
 Date Daytime Phone #

CR2E034 (9/99)