

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90038 028 ***150.00

DOCUMENT # P96000081544

1. Entity Name
JODEL ENTERPRISES CORP.

Principal Place of Business

5714 SW 37 ST
HOLLYWOOD FL 33023
US

Mailing Address

16008 OPAL CREEK DR
WESTON FL 33331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5714 SW 37 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

Country

Zip

Country

33023 US

4. FEI Number

65-0701047

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GUTIERPEZ, JOAO
16008 OPAL CREEK DRIVE
WESTON FL 33315

7. Name and Address of New Registered Agent

Name
GUTIERPEZ JOAO
Street Address (P.O. Box Number is not acceptable)
5714 SW 37 Street
City
Hollywood
FL
Zip Code
33023

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 *Joao Gutierrez*
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, 2002 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	P	<input type="checkbox"/> Delete
NAME	GUTIERREZ, JOAO	
STREET ADDRESS	2651 SW 13 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUTIERREZ, EDEL	
STREET ADDRESS	3465 SE 10TH AVE	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	SH	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MAYRENE	
STREET ADDRESS	16008 OPAL CREEK DRIVE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	SH	<input type="checkbox"/> Delete
NAME	GUTIERREZ, NEREYDA	
STREET ADDRESS	3465 SE 10TH AVE	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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 an other like empowered.

SIGNATURE:

Joao Gutierrez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02 322-8157
(954)

CR2E034 (9/01)