

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90053 009 ***150.00

DOCUMENT # P96000081544

1. Entity Name
JODEL ENTERPRISES CORP.



Principal Place of Business
**5714 SW 37 ST
HOLLYWOOD FL 33023
US**

Mailing Address
**5714 SW 37 ST
HOLLYWOOD FL 33023
US**

2. Principal Place of Business

850 SW 189 AVE

Suite, Apt. #, etc.

3. Mailing Address

850 SW 189 AVE

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number **65-0701047**

Applied For
☐ Not Applicable

Zip
33029

Country
USA

Zip
33029

Country
USA

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

6. Name and Address of Current Registered Agent

**GUTIERPEZ, JOAO
5714 SW 37 ST
HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

Name **JOAO GUTIERPEZ**
Street Address (P.O. Box Number is Not Acceptable)
8801 NW 177 Terrace
City **Miami Lakes** FL Zip Code **33018**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Joao Gutierrez**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **1/20/03**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAO GUTIERPEZ	
STREET ADDRESS	8801 NW 177 Terrace	
CITY-ST-ZIP	Miami Lakes, FL 33018	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYRENE HERNANDEZ	
STREET ADDRESS	850 SW 189 AVE	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 (1454) 3316 4604
Date Daytime Phone #

CR2E034 (10/02)