

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000092448**

1. Entity Name  
**JUANDI, INC.**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90334 004 \*\*\*150.00

Principal Place of Business

**901 PONCE DE LEON BLVD.  
STE 601  
CORAL GABLES FL 33134**

Mailing Address

**901 PONCE DE LEON BLVD.  
STE 601  
CORAL GABLES FL 33134**

2. Principal Place of Business

**7831 SW 48th Place**

3. Mailing Address

**7831 SW 48th Place**

Suite, Apt. #, etc.

**Miami, Florida**

Suite, Apt. #, etc.

**Miami, FL**

City & State

**Florida**

City & State

**Miami, FL**

Zip

**33143**

Country

Zip

**33143**

Country

4. FEI Number **65-0836532**

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

**DOMNEYS DIEGO  
4080 EL PRADO BLVD  
COCONUT GROVE FL 33133**

*Note spelling*

7. Name and Address of New Registered Agent

Name **DONNEYS, DIEGO**

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

**7831 S.W. 48TH PL**

City **Miami**

**FL**

Zip Code **33143**

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

**2/23/2001**

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, 2001 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 **D** ☒ Delete  
NAME **MARIN, AMPARO**  
STREET ADDRESS **124 PONCE DE LEON BLVD.**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President & Sec.** ☐ Change ☒ Addition  
NAME **Diego Donneys**  
STREET ADDRESS **7831 SW 48th Rd**  
CITY-ST-ZIP **Miami, FL 33143**

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

TITLE ☐ Change ☐ Addition  
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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 reports 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

**DIEGO DONNEYS**

**2/23/2001**

Date

Daytime Phone #

**786 853 3711**

CR2E034 (10/00)

0161081