2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000092810

1. Entity Name



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 91062 016 ***150.00

| OTT OF THE | JOSE 3 (| JIGANO, INC. | | | | | |
|--|--------------------------|---|---------------------------------|----------------------|------------------------------|---|--------------------------------|
| Suite Apt #, etc. City & State City & State City & State Country Country Country Country Country Country Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name PEREZ, JOSE V Face Six vs. 2 TERR MAMI FL 33155 City FILE NOW!!! FEL STS0.00 After May 1, 2003 Fee will be \$550.00 MAKE Check Physipate to Priorities and registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 MAKE Check Physipate to Priorities Department of State of Peers And DIRECTORS IN 11. SITER MAKE PEREZ, JOSE V FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 MAKE Check Physipate to Priorities Department of State of Peers And DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO | 7825 SW 32 | TERR | 7825 SW 32 | TERR | | | |
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| Type Country Zip Country Zip Country Sip Country Sip Status Desired Status Desired Status Desired See Required Fee Required Report Fee Report Fee Required Report Fee Required Report Fee Report | Suite, Apt. #, etc. | | Suite, Apt. # | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING | CHANGES |
| September 2 | City & Sta | te · | City & State | City & State | | 4. FEI Number 65-0714439 | |
| Name and Address of New Registered Agent | Zip | Country | Zip | Cour | ntry | | \$8.75 Additional |
| Name | | 6. Name and Address of Cu | rrent Registered Agen | t | | I | |
| Rice Address (P.O. Box Number is Not Acceptable) Sireer Address (P.O. Box Number is Not Acceptable) 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 except the collegations of registered openi. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NOW! PEREZ, JOSE V TORS NOW 32 TERR MIAMI FL 33155 TILE NOWNES | | | | | Name | | |
| 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature | | | | | Street Address (I | P.O. Box Number is Not Acceptable) | |
| 10. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature Signature tread or primed name of registered agent and titled agent a | MIAMI FL | 33155 | | | | | - |
| SIGNATURE FILE NOW!!! FEE IS \$150.00 | | | | | City | FL | Zip Code |
| Signature, bysed or printed name of legistered Agent signature recorded where renaturary) DATE | 8. The above the obligat | named entity submits this statemitions of registered agent. | ent for the purpose of o | hanging Its register | ed office or registere | ed agent, or both, in the State of Florida. I am fa | amiliar with, and accep |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INC. NAME PEREZ, JOSE V STREET ADDRESS TOTY-ST-ZIP TITLE NAME CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition | SIGNATURE . | Signature, typed or printed name of registered | agent and title if applicable | (NOTE: Registere | urt Ament signature required | When rejectation) | |
| ### After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10. | : . · F | | | (NOTE: Negistere | | when remarkable) DATE | |
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| 12. 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 cath; that I am an efficie or directors | | Artify that the information are " | switch their filing at a second | | <u> </u> | | <u>-</u> |

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:

CR2Fn34 (10/n2)