## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 06, 2001 8:00 am P97000017416 DOCUMENT # **Secretary of State** 1. Entity Name JO-LISA ENTERPRISES, INC. 07-06-2001 90199 029 \*\*\*150.00 Principal Place of Business Mailing Address 17600 S.W. 7TH STREET 17600 S.W. 7TH STREET PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 2. Principal Place of Business Mailing Address Blud Blud Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Peim Brota Applied For 4. FEI Number 65-0732500 lorida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3026 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 17600 S.W. 7TH STREET PEMBROKE PINES FL 33029 Ne 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. nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ■ Addition CR2E034 (5/01 TITLE Change NAME HERNANDEZ, ELIZABETH NAME STREET ADDRESS 17600 S.W. 7TH STREET STREET ADDRESS CITY-ST-7IP PEMBROKE PINES FL 33029 CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE ☐ Change Addition NAME HERNANDEZ, JORGE L NAME STREET ADDRESS .17600 S.W. 7TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP --PEMBROKE PINES FL 33029 ☐ Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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July 2, 2001

Florida Department of State Division of Corporations Uniform Business-Report Filings PO BOX 1500 Tallahassee, Florida 32302-1500

Re: Document # P97000017416 Jo-Lisa Enterprises, Inc.

## Gentlemen:

I have received second notice for filing the above. Original filing was on 3/5/01, (please see attached copy). After speaking with your office this am, I was instructed to issue another check for \$ 150.00 to re-file. I had no idea that your office did not receive original filing with payment until yesterday. I have stopped payment on Ck # 2005 3/5/01 which was original payment.

Thanking you in advance for your prompt attention to this matter.

Sincerely,

Elizabeth Hernandez