

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90466 006 \*\*\*150.00

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**DOCUMENT # P97000024025**

1. Entity Name  
**EXIT BAIL BOND, INC.**



Principal Place of Business  
**1313 NW 36 ST  
#530  
MIAMI FL 33142**

Mailing Address  
**1313 NW 36 ST  
#530  
MIAMI FL 33142**



2. Principal Place of Business

**1251 NW 36 STREET**

3. Mailing Address

**1251 NW 36 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0738314**

Applied For

Not Applicable

Zip

Country

**33142 U.S.A**

Zip

Country

**33142 U.S.A**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HENRM, JORGE  
1513 NW 36TH ST. #530  
MIAMI FL 33142**

7. Name and Address of New Registered Agent

Name **HENRY JORGE**  
Street Address (P.O. Box Number is Not Acceptable) **1251 NW 36 STREET #10**  
City **MIAMI** FL Zip Code **33142**

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 **Henry JORGE**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4/29/03**  
DATE

**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 **D** ☐ Delete  
NAME **JORGE, HENRY M**  
STREET ADDRESS **1313 NW 36TH #530**  
CITY-ST-ZIP **MIAMI FL 33142**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: **Henry JORGE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03 (305) 638-9199**  
Date Daytime Phone #

CR2E034 (10/02)