

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059856

1. Entity Name

JARDIN ENTERPRISES, INC.

FILED

Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90046 031 \*\*\*150.00

Principal Place of Business

Mailing Address

2480 M.L. KING BLVD  
UNIT 2  
POMPANO BEACH FL 33069

11341 N.W. 64 TERRACE  
MIAMI FL 33178-3624

2. Principal Place of Business

3391 PORT SAID RD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

OPA-LOCKA, FL.

Zip

Country

Zip

Country

33054

4. FEI Number

65-0767615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AREVALO, ENRIQUE  
11341-NW-64TH-TERR.  
MIAMI FL 33178

Name

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

City

FL

Zip Code

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS AREVALO, ENRIQUE  
CITY-ST-ZIP 2480 M.L. KING BLVD UNIT 2  
POMPANO BEACH FL 33178

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS AREVALO, ENRIQUE  
CITY-ST-ZIP 13091 PORT SAID RD. BAY #6  
OPA-LOCKA, FL. 33054

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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

Date

02-02-00

301 406 9418

CR2E034 (9/99)