

2000 UNIFORM BUSINESS REPORT (UBR)

6

FILED
Jul 19, 2000 8:00 am
Secretary of State

06-03-2000 90142 028 ***150.00

DOCUMENT # P910000 65868

1. Entity Name

JHUNET GARCIA, INC.

Principal Place of Business

Mailing Address

10627 NW 7ST

P.O. Box 144728

PEMBROKE PINES, FL 33026

CORAL GABLES, FL 33114

2. Principal Place of Business

10627 NW 7ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

Zip

33026

Country

U.S.

Zip

Country

4. FEI Number

65-0803280

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

JHUNET GARCIA

P.O. Box 144728

CORAL GABLES, FL 33114

7. Name and Address of New Registered Agent

Name JHUNET GARCIA

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

10627 NW 7ST

PEMBROKE PINES, FL

City

FL

Zip Code

33026

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 date if applicable.

(NOTE: Registered Agent signature required when relocating)

DATE

JhUNET Garcia 7/12/00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

PRESIDENT JHUNET GARCIA 242 W 42 ST HIALEAH, FL 33012

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

PRESIDENT JHUNET GARCIA 10627 NW 7ST PEMBROKE PINES, FL 33026

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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:

JhUNET Garcia

JHUNET GARCIA

4/30/00

(305) 409-4552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

CR2034 (9/99)

Doc #P97000065868

308435

JHANET GARCIA, INC.
P.O. Box 144728
Coral Gables, FL 33114
(305)409-4552 (954)704-4500

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Date 7/12/00

Attention: Annual Reports Section.

Following is the revised Annual Report for Jhanet Garcia, Inc. The only correction affected was done on line 6. The correct information should read as follows:

Jhanet Garcia
10627 NW 7th Street
Pembroke Pines, FL 33026

Per my conversation with Kristie W. from your office, our changes should have been returned to your office by July 7, 2000 however, due to an oversight and a misunderstanding on our part, we are sending the corrected report now.

If you have any questions, please do not hesitate to contact our office.

Sincerely,


Jhanet Garcia