

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90364 023 ***150.00

DOCUMENT # P97000068482

1. Entity Name

JAR INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1750 S.W. 48TH AVENUE
 FT LAUDERDALE FL 33317

1750 S.W. 48TH AVENUE
 FT LAUDERDALE FL 33317

2. Principal Place of Business

3. Mailing Address

1750 SW 48th Avenue

1750 SW 48th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT LAUDERDALE FLORIDA

FT LAUDERDALE FLORIDA

Zip

Country

Zip

Country

33317

USA

33317

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALONSO, ORLANDO
 1750 S.W. 48TH AVENUE
 FT LAUDERDALE FL 33317

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, 2001 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

TITLE PD
 NAME ALONSO, ORLANDO
 STREET ADDRESS 1750 S.W. 48TH AVENUE
 CITY-ST-ZIP FT LAUDERDALE FL 33317 ☐ Delete

TITLE SVD
 NAME ALONSO, ALEXIS R
 STREET ADDRESS 1750 S.W. 48TH AVENUE
 CITY-ST-ZIP FT LAUDERDALE FL 33317 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

Daytime Phone #

CR2034 (10/00)