

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90044 035 ***158.75

DOCUMENT # P97000068482

1. Entity Name

JAR INTERNATIONAL, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

1750 SW 48TH AVE.

3. Mailing Address

1750 SW 48TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE

City & State

FT LAUDERDALE FL

Zip

FL 33317

Country

USA

Zip

33317

Country

USA

4. FEI Number

65-0774790

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

(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, 2002 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 ☐ Delete
 STREET ADDRESS 1750 S.W. 48TH AVENUE
 CITY-ST-ZIP FT LAUDERDALE FL 33317

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 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

Daytime Phone #

CR2E034 (9/01)