## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P97000069869 J. P. OF BROWARD, INC. -27-2001 90299 035 \*\*\*150 00 Principal Place of Business Mailing Address 3712 EAST SHORE ROAD 3712 EAST SHORE ROAD MIRAMAR FL 33023 MIRAMAR FL 33023 645479 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0772112 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALACIOS, JESUS Street Address (P.O. Box Number is Not Acceptable) 3712 EAST SHORE ROAD MIRAMAR FL 33023 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) $\square$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE **DPS** ☐ Delete TITLE Change Addition NAME PALACIOS, JESUS MAME STREET ADORESS STREET ADDRESS 3712 EAST SHORE ROAD CITY-ST-ZIE C'TY-ST-7IP MIRAMAR FL 33023 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TiTLE ☐ Delete TITLE ☐ Change Addition NAME NAMS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C:TY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CLTY - ST - Z\F CITY-ST-ZiP

I hereby certify that the information supplied with this filling 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 ypowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)