

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072289

1. Entity Name

JUMAR CORP.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90079 049 \*\*\*158.75

Principal Place of Business

Mailing Address

NW 109 STREET  
201  
FL 33178

9455 NW 109 STREET  
SUITE 201  
MEDLEY FL 33178-1227

2. Principal Place of Business

10505 W. OKEECHOBEE RD.  
Suite, Apt. #, etc.  
201

City & State  
HIALEAH GARDENS, FL.

Zip  
33018

Country  
MIAMI-DADE

3. Mailing Address

10505 W. OKEECHOBEE RD.  
Suite, Apt. #, etc.  
201

City & State  
HIALEAH GARDENS, FL.

Zip  
33018

Country  
MIAMI-DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0775470

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, JUAN CARLOS  
9455 NW 109 STREET  
SUITE 201  
MEDLEY FL 33178

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
ALVAREZ, JUAN C  
10210 NW 130 STREET  
HIALEAH GARDENS FL 33018

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
RODRIGUEZ, MARIA M  
10280 NW 129 STREET  
HIALEAH GARDENS FL 33018

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/00

305-889-2100

CR2E034 (9/99)