

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074954

1. Entity Name

JUNICO PROPERTIES, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90066 001 ***150.00

04-04-2000 90066 002 *****8.75

Principal Place of Business
200 S. Orange Ave.
SUNTRUST CENTER
STE. 2300
ORLANDO, FL 32801

Mailing Address
200 S. Orange Ave.
SUNTRUST CENTER
STE. 2300
ORLANDO, FL 32801

2. Principal Place of Business
249 TWELVE LEAGUE CIR.

3. Mailing Address
249 TWELVE LEAGUE CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CASSELBERRY, FL

City & State
CASSELBERRY, FL

4. FEI Number
59-3465494

Applied For
Not Applicable

Zip
32707

Country
U.S.A.

Zip
32707

Country
U.S.A.

5. Certificate of Status Desired **XX** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A.G.C., CO.
200 S. ORANGE AVE
SUNTRUST CENTER, STE. 2300
ORLANDO, FL 32801

Name
NITZA T. COTO

Street Address (P.O. Box Number is Not Acceptable)
249 TWELVE LEAGUE CIR.

City
CASSELBERRY

FL

Zip Code
32707

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	COTO, JULIAN R	249 TWELVE LEAGUE CIR.	CASSELBERRY, FL 32707	<input type="checkbox"/>	<input type="checkbox"/>
D	COTO, NITZA T	249 TWELVE LEAGUE CIR.	CASSELBERRY, FL 32707	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 (9/99)