

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90331 044 ***150.00

DOCUMENT # **P97000074954**

1. Entity Name
JUNICO PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

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
USA

Zip
32707

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Nitza T. Coto**

Street Address (P.O. Box Number is Not Acceptable)
249 Twelve League Circle

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **D**
NAME **Coto, Julian R.**
STREET ADDRESS **249 Twelve League Circle**
CITY - ST - ZIP **Casselberry, FL 32707**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D**
NAME **Coto, Nitza T.**
STREET ADDRESS **249 Twelve League Circle**
CITY - ST - ZIP **Casselberry, FL 32707**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nitza T. Coto

2/22/02

Date

Daytime Phone

407-260-2292

CR2E034B (12/01)