

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90165 050 ***150.00

DOCUMENT #

1. Entity Name

P98000018951
MUSEO DEL JAMON, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14921 SW 80 ST #219

3. Mailing Address

P.O. Box 831514

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

FL.

Zip

Country

Zip

Country

33193

USA

33283

U.S.A.

4. FEI Number

65-1106329

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOSE L. PEREIRA

Street Address (P.O. Box Number is Not Acceptable)

14921 SW 80 ST. APT. 219

City

MIAMI

FL

Zip Code

33193

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

3/25/02

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**

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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 *P*
NAME *PEREIRA, JOSE L*
STREET ADDRESS *14921 SW 80 ST. APT. 219*
CITY-ST-ZIP *MIAMI, FL. 33193*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VC*
NAME *PEREIRA, JOSE L JR*
STREET ADDRESS *13465 SW 26 TERRACE*
CITY-ST-ZIP *MIAMI, FL. 33175*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *T*
NAME *PEREIRA, MARIA R*
STREET ADDRESS *13465 SW 26 TERRACE*
CITY-ST-ZIP *MIAMI, FL. 33175*

TITLE
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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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

Date

Daytime Phone #

3/25-02

305. 491-1916