

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024735

1. Entity Name

JURE WOOD CORP.

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90304 046 ***150.00

Principal Place of Business

12316 SW 131 AVE
MIAMI FL 33186

Mailing Address

12316 SW 131 AVE
MIAMI FL 33186

2. Principal Place of Business

12316 SW 131 AVE

Suite, Apt. #, etc.

Miami FL

City & State

33186

Zip

USA

Country

USA

3. Mailing Address

12316 SW 131 AVE

Suite, Apt. #, etc.

Miami FL

City & State

33186

Zip

USA

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0821347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RESTREPO, JULIAN
13929 SW 164 STREET
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name Julian Restrepo

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

13929 SW 164 St

City

Miami

FL

Zip Code

33177

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

1-26-01

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, 2001 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 PSD
NAME RESTREPO, JULIAN
STREET ADDRESS 13929 SW 164 STREET
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE VD
NAME RESTREPO, JUAN G
STREET ADDRESS 13929 SW 164 STREET
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julian Restrepo

Date

1/18/01

Daytime Phone #

(305) 254-7270

CR2E034 (10/00)