

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90086 026 ***150.00



DOCUMENT # P98000024735

1. Entity Name
JURE WOOD CORP.

Principal Place of Business
12316 SW 131 AVE
MIAMI FL 33186

Mailing Address
13929 SW 164 ST
MIAMI FL 33177



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

14280 S.W. 142 ST.

3. Mailing Address

14280 S.W. 142 ST.

Suite/Apt. #, etc.

STE. 204

Suite/Apt. #, etc.

STE. 204

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33186

Country

USA

Zip

33186

Country

USA

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

☐ Delete

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
RESTREPO, JUAN G
13948 S.W. 164 ST
MIAMI FL 33177

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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12. 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 10 or Block 11 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

JUAN RESTREPO **1/16/03 (305)**

Date

Daytime Phone #

CR2E034 (10/02)