

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90241 041 ***150.00

DOCUMENT # P98000079625

1. Entity Name
THE JOINTPARTNERS CORP.

Principal Place of Business
11253 S.W. 159TH PLACE
MIAMI FL 33196

Mailing Address
11253 S.W. 159TH PLACE
MIAMI FL 33196

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-2122739**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

PERALTA, ROSEMARIA N
11253 S.W. 159TH PLACE
MIAMI FL 33196

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.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 ☒ Delete
 NAME **ORITZ, JULIAN E**
 STREET ADDRESS **11273 S.W. 159TH PL.**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
 NAME **PERALTA, ROSAMARIA N**
 STREET ADDRESS **11253 S.W. 159TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33196** **O.K.**

TITLE ☒ Delete
 NAME **DE TEJADA, LUIS LERDO**
 STREET ADDRESS **VIA DR.GUSTAVO BAZ NO-295-F**
 CITY-ST-ZIP **ESTADO DE TLALNEPANTLA MEX.**

TITLE ☐ Delete
 NAME **SERENBERG, GUILLERMO**
 STREET ADDRESS **AVE. ANDRES ROLON #1001.103 1642 SAN ISIDR**
 CITY-ST-ZIP **PRO. DE BUENOS AIRES**

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 **President**
 STREET ADDRESS **Serenberg, Guillermo**
 CITY-ST-ZIP **Ave. Andres Rolon #1001.103 1642 SAN ISIDRO**
PRO. de Buenos Aires, Argentina

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

TITLE ☒ Change ☐ Addition
 NAME **TREASURER**
 STREET ADDRESS **WALTER SAAVEDRA**
 CITY-ST-ZIP **AV. Viedna No. 800-A (PLAZA ESPAÑA)**
SANTA CRUZ, Bolivia

TITLE ☒ Change ☐ Addition
 NAME **Vice President**
 STREET ADDRESS **Andreas Lindinger**
 CITY-ST-ZIP **Ave. Eduardo Frei Montalva 6070**
Quilicura, Santiago, Chile

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Signature of Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02
 Date

(305) 408-1422
 Daytime Phone #

CR2E034 (9/01)