

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90961 006 ***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**

11000030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

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

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

**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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SERENBERG, GUILLER MD		NAME	Serenberg Guillermo	
STREET ADDRESS	AVE ANDRES BOLON #1001-1031642 S. ISIDEO		STREET ADDRESS	PANAMA 1524 MARTINEZ	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA		CITY-ST-ZIP	BUENOS AIRES, ARGENTINA	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERALTA, ROSAMARIA N		NAME		
STREET ADDRESS	11253 S.W. 159TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33196		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAAVEDRA, WALTER		NAME	Jose Augusto Almeida	
STREET ADDRESS	AV. VIEDNA #800A PLAZA ESPANA		STREET ADDRESS	AV. Juscelino K. Oliveira, 140	
CITY-ST-ZIP	SANTA CRUZ, BOLIVIA		CITY-ST-ZIP	Vila Menk Osasco - SP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINDINGER, ANDREAS		NAME		
STREET ADDRESS	AVE EDUARDO FREI MONTALVA 6070		STREET ADDRESS		
CITY-ST-ZIP	QUILICURA, SANTIAGO, CHILE		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Rosmaria N. Peralta **Rosmaria N. Peralta** Director 4/23/03- 305-408-1422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)