FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P98000094202 1. Entity Name JJPALENZUELA, INC. 03-19-2001 90007 009 \*\*\*150.00 Principal Place of Business Mailing Address 2800 WEST 84 STREET 2800 WEST 84 STREET HIALEAH FL 83016 HIALEAH FL 33016 Principal Place of Business Mailing Address 2800 West 84 Street 24 Street 2800 West Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4 City & State City & State 4. FEI Number Applied For 65-0872714 HIALEAH JIALEA H Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33018 <u>33018</u> USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALENZUELA, JESUS PALENZUELA, JESUS Street Address (P.O. Box Number is Not Acceptable) 2800 West 84 Street 2800 WEST-84 ST STE 4 HIALEAH FL 33016 HIALEAH 8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida TESUS PALENZUEL SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ĎΡ TITLE TITLE ☐ Delete PALENZUELA JESUS, 2800 West 84 Street, Ste HIALEAH, FL 33018 NAME PALENZUELA, JESUS NAME STREET ADDRESS 2800 WEST 84 STREET, STE 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH PL 33016 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-7iP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

DALENZUELA

JESUS

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: