FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105172

FILED

02 OCT 30 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002

1. Entity Name

Jurado Construction & Dinipex, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1975 East Sunrise Blvd.	1975 East Sunrise Blvd.
Suite, Apt. #, etc. Suite 771	Suite, Apt. #, etc. Suite 771
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33304 Country USA	Zip 33304 Country USA

4. FEI Number 65-0894067 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Robinson, Raymond L. Esq.

Street Address (P.O. Box Number is Not Acceptable): 1501 Venera Avenue Suite 300

City: Coral Gables FL Zip Code: 33146

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: X

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PS
NAME	Duran, Luz E.
STREET ADDRESS	1975 East Sunrise Blvd. #771
CITY-ST-ZIP	Ft. Lauderdale, FL 33304
TITLE	EVPT
NAME	JURADO, Gustavo
STREET ADDRESS	1975 East Sunrise Blvd. #771
CITY-ST-ZIP	Ft. Lauderdale, FL 33304
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luz E. Duran
President 4/26/02 954.522.0561

Date Daytime Phone #