

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000009270**

1. Entity Name

**JESSIPE OUTDOOR MEDIA, INC.****FILED****Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90077 044 \*\*\*150.00

Principal Place of Business

Mailing Address

7925 NW 12TH STREET, SUITE #225  
MIAMI FL 331267925 NW 12TH STREET, SUITE #225  
MIAMI FL 33126-1821

2. Principal Place of Business

3. Mailing Address

55 Weston Rd

55 Weston Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 325

STE 325

City &amp; State

City &amp; State

SUNRISE FL

SUNRISE FL

Zip

Country

33326

USA

Zip

Country

33326

4. FEI Number

Applied For

Not Applicable

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

CUEVAS, ANDREW ESQ.  
9200 S. DADELAND BLVD.  
SUITE 603  
MIAMI FL 33156

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

Signature, typed 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) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DPVT	QUIJADA FISCHER, PEDRO	7925 NW 12TH STREET, SUITE #225	MIAMI FL 33126	<input type="checkbox"/>	QUIJADA FISCHER, PEDRO	55 WESTON RD #325	SUNRISE FL 33326		<input checked="" type="checkbox"/>
S	QUIJADA FISCHER, PEDRO	7925 NW 12TH STREET, SUITE #225	MIAMI FL 33126	<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #