2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90023 010 ***150.00

DOCUMENT # P99000009270

1. Entity Name
JESSIPE OUTDOOR MEDIA, INC.

Principal Place of Business	Mailing Address
17120 ARVIDA PKWY 3-A WESTON, FL 33326 US	17120 ARVIDA PKWY 3-A WESTON, FL 33326 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1815 Harbor View Circle	1815 Harbor View Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, FL.	City & State: Weston, Florida
Zip: 33327 Country: USA	Zip: 33327 Country: USA.

4. FEI Number: 65-0902465 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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

~~2. FEE AMOUNT: 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PS QUIJADA FISCHER, PEDRO 17120 ARVOLDA PKWY, STE 3-A WESTON, FL 33326	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S QUIJADA FISCHER, PEDRO 7925 NW 12TH STREET, SUITE #225 MIAMI, FL 33126	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #