

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029262

1. Entity Name

J.P. WORLDWIDE CORP.

Principal Place of Business

Mailing Address

7480 N.W. 52 Street, Suite A
Miami, FL 33166

FILED

00 SEP -6 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0915342

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

PABLO R. BARED
1500 San Remo Ave., #177
Coral Gables, FL 33146

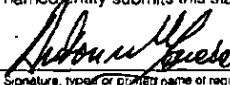
Name ANTONIO GARCIA

Street Address (P.O. Box Number is Not Acceptable)
2588 S.W. 27th Ave.

City Miami

FL Zip Code 33133

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 state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/16/00

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD FARAJ, JUAN J.
7480 NW 52 St., Suite A
Miami, FL 33166

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

SD PADILLA, JOSE A
7480 NW 52 St., Suite A
Miami, FL 33166

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

D FARAJ, JORGE A.
7480 NW 52 St., Suite A
Miami, FL 33166

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 #

06-28-00 (305) 639-9682

CR2E034 (9/99)