

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91329 002 ***150.00

DOCUMENT # **P99000030075**
1. Entity Name
JBS Export Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
50 S.E. 3rd Ave.
Suite, Apt. #, etc.

3. Mailing Address
310 W. Shore Dr.
Suite, Apt. #, etc.

City & State
Miami, FL.
Zip
33131 Country

City & State
Miami Beach FL.
Zip
33141 Country

4. FEI Number
65-0916215
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Jeff Shapiro P.A.**
Street Address (P.O. Box Number is Not Acceptable)
1. S.E. 3rd Ave. Suite 1450
City **Miami, FL** Zip Code **33131**

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) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	P. SAKA, VICTOR 310 W. SHORE DR. Miami Beach, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. SAKA, MATTY. 310 W. SHORE DR. Miami Beach, FL 33141
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

305-377-1830

Date

Daytime Phone #

CR2E034B (12/01)