

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90010 021 \*\*\*150.00

DOCUMENT # **999 0000 34374**

1. Entity Name

**JNK Consultants, Inc.**

Principal Place of Business

Mailing Address

**3615 SW 88 ct Miami, FL 33165**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**650919563**

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

**Guillermo Garcia**  
**3615 SW 88 ct**  
**Miami, FL 33165**

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 of officer or director of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**6-7-01**

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, 2001: 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 **President** ☐ Delete  
 NAME **Guillermo L. Garcia**  
 STREET ADDRESS **3615 SW 88 ct**  
 CITY-ST-ZIP **Miami, FL 33165**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 #

**6-7-01**

CR2E034 (11/00)

JULY 12, 2001

attachment  
B# P9900034374  
10092

UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATION  
PO BOX 1500  
TALLAHASSEE , FL 32302-1500

SUBJECT: JNK CONSULTANTS, INC.

REFERENCE: P99000034374

PLEASE BE ADVISED THAT WE NEVER RECEIVED THE FORM ON  
TIME.

ENCLOSED PLEASE FIND MY JUNE 21, 2001 LETTER ADVISING  
THE SITUATION.

THIS IS THE 2<sup>ND</sup> TIME THAT WE FILE THIS REPORT AND THE  
FIRST TIME TO FILE LATE.

THANK YOU FOR YOUR ASSISTANCE.

VERY TRULY YOURS,

GUILLERMO GARCIA.

PS: CK 257 \$150.00 was cashed on 6/22.

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000034374**

1. Entity Name

**JNK CONSULTANTS, INC.**

Principal Place of Business

**3615 S.W. 88TH COURT  
MIAMI FL 33165**

Mailing Address

**3615 S.W. 88TH COURT  
MIAMI FL 33165**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0919563**

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

**GARCIA, GUILLERMO  
3615 S.W. 88TH COURT  
MIAMI FL 33165**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 **P** ☐ Delete  
NAME **GARCIA, GUILLEIMO**  
STREET ADDRESS **3615 SW 88 CT**  
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0060076 AV

CR2E034 (5/01)