

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

899000034374

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

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, typed or printed name 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 State10. 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	President Guillermo L. Garcia 3615 SW 88 ct Miami, FL 33165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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

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

6-7-01

Date

Daytime Phone #

CR2E034 (11/00)

JULY 12, 2001

Attachment  
D# 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 #57 \$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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

16092

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0919563</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
Zip	Country	Zip

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, GUILLEIMO 3615 SW 88 CT MIAMI FL 33165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9400900  
AV

CR2E034 (5/01)