

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000038538

1. Entity Name

JRG UNLIMITED, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

03-30-2000 90038 001 ***160.00

Principal Place of Business

Mailing Address

605 NW 72ND AVE
SUITE 202
MIAMI FL 33126

605 NW 72ND AVE
SUITE 202
MIAMI FL 33126-5848



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRANCO-GARCIA, MICHELLE
6339 SW 29 STREET
MIAMI FL 33155

Name Michelle Franco-Garcia

Street Address (P.O. Box Number is Not Acceptable)

605 NW 72 AVE

Suite 202

City

Miami,

FL

Zip Code

33126

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)

3/27/00

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Jose R. Garcia
STREET ADDRESS 605 NW 72 Ave, Ste. 202
CITY-ST-ZIP Miami, FL 33126

TITLE Vice-President
NAME Michelle Franco-Garcia
STREET ADDRESS 605 NW 72 Ave, Ste. 202
CITY-ST-ZIP Miami, FL 33126

TITLE
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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 #

3/27/00 379-7707

CR2E034 (9/99)