

2000 UNIFORM BUSINESS REPORT (UBR)

Amended

#61.25

DOCUMENT # P99000038538

1. Entity Name

JRG Unlimited, Inc.

FILED

00 SEP -1 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2633 SW 32 Ave
Miami, FL 33133

2633 SW 32 Ave
Miami, FL 33133

2. Principal Place of Business

3. Mailing Address

2633 SW 32 Ave

2633 SW 32 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL 33133

City & State

Miami, FL 33133

4. FEI Number

65-0951926

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

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

Michelle Franco-Garcia
605 NW 72 Ave, Apt. 202
Miami, FL 33126

Name

Jose Rey Garcia

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

2633 SW 32 Ave

City

Miami

FL

Zip Code

33133

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)

Former Register 8/25/00
Agent.

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 \$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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Jose Rey Garcia		
STREET ADDRESS	2633 SW 32 Ave		
CITY-ST-ZIP	Miami, FL 33133		
TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Jose Horta		
STREET ADDRESS	2633 SW 32 Ave		
CITY-ST-ZIP	Miami, FL 33133		
TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Michelle Franco-Garcia		
STREET ADDRESS	2633 SW 32 Ave		
CITY-ST-ZIP	Miami, FL 33133		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	600003391066-6		
STREET ADDRESS	-09/13/00-01022-005		
CITY-ST-ZIP	*****70.25 *****70.00		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

Jose R Garcia President & New Agent

Date

Daytime Phone #

8/25/00 (305) 798-8991

CR2E034 (9/99)