

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060648

1. Entity Name
JUBILEE 2000 GROUP, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90003 025 ***150.00

Principal Place of Business

15351 SW 59TH ST.
MIAMI FL 33193

Mailing Address

15351 SW 59TH ST.
MIAMI FL 33193

2. Principal Place of Business

1325 NW 93rd St

3. Mailing Address

1325 NW 93rd St

Suite, Apt. #, etc.

B101

Suite, Apt. #, etc.

B101

City & State

Mi FL

City & State

Mi FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

65-0933011

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAPATA, JUAN D
15351 SW 59TH ST.
MIAMI FL 33193

7. Name and Address of New Registered Agent

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 13, 2000 Min. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAPATA, JUAN D 15351 SW 59TH ST. MIAMI FL 33193	<input type="checkbox"/> Delete 4%
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gloria Zamallo	<input type="checkbox"/> Delete 51%
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jonan Pereyra	<input type="checkbox"/> Delete 20%
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Danielle Pereyra	<input type="checkbox"/> Delete 25%
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

JUAN DAVID ZAPATA