## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 02, 2000 8:00 am Secretary of State DOCUMENT # **P99000067287** 1. Entity Name Jarpa Corp. 05-02-2000 90119 006 \*\*\*150.00 Principal Place of Business Mailing Address 777 BRICKELL AVENUE. SUITE 950 777 BRICKELL AVENUE, SUITE 950 MIAMI FL 33131-2811 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 150 Alhambra Cr. 150 Alhambra Cr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite # 1270 Suite # 1270 4. FEI Number Applied For City & State Coral Gables Fl. City & State Coral Gables Fl. Not Applicable Country Country Zip **\$8.75** Additional 5. Certificate of Status Desired USA 33134 Fee Required 33134 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODRIGUEZ, JOSE A. RODRIGUEZ, JOSE A Street Address (P.O. Box Number is Not Acceptable) 777 BRICKELL AVENUE, SUITE 950 MIAMI FL 33131 SUITE # 1270 Zip Cos 3134 CityCORAL GABLES FL. <del>statement for the eurpose of c</del>hanging its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE (NOTE: Registered Agent signature required when reinstating) d title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. $\Box$ (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete ☐ Change Addition TITLE TITLE RODRIGUEZ, JOSE A RODRIGUEZ, JOSE A NAME NAME 150 ALHAMBRA CR. # 1270 STREET ADDRESS 777 BRICKELL AVENUE, SUITE 950 STREET ADDRESS CORAL GABLES, FL. 33134 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME

13. Thereby 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 optuates employeed 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 with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #