

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90083 022 ***150.00

DOCUMENT # P99000070941

1. Entity Name
J.E.R. SALES, INC.

Principal Place of Business

**2935 N.E. 163RD ST.
SUITE 2T
N MIAMI BEACH FL 33160**

Mailing Address

**2935 N.E. 163RD ST.
SUITE 2T
N MIAMI BEACH FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0944645

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

**RAMOS, MARIA
2935 N.E. 163RD ST.
SUITE 2T
N MIAMI BEACH FL 33160**

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RAMOS, MARIA**
CITY-ST-ZIP **2935 N.E. 163RD ST.#2T
N MIAMI BEACH FL 33160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/10/02

CR2E034 (4/02)

Attachment

~~APP000070941~~

125075

9/10/02

DIVISION OF CORPORATIONS

409 E. GAINES ST.

TALLAHASSEE, FL. 32399

GENT:

THE REASON I DID NOT FILE
EARLIER WAS BECAUSE I DID NOT
RECEIVED THE FORM ON TIME AND
ONLY RECEIVED THIS LAST NOTICE
A FEW DAYS AGO BECAUSE IT WAS
DELIVERED BY MISTAKE TO ANOTHER
PERSON IN THE SAME BUILDING.

~~MARIA YAD~~

~~MARIA RAMOS~~

Maria Ramos