

2001 UNIFORM BUSINESS REPORT (UBR)

004955

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FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90068 005 ***158.75

1. Entity Name
JSER ENGINEERING, INC.

Principal Place of Business 715 WEST COURT LONGWOOD FL 32750	Mailing Address 715 WEST COURT LONGWOOD FL 32750
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 715 WEST COURT	3. Mailing Address 715 WEST COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LONGWOOD, FL	City & State LONGWOOD, FL	4. FEI Number 59-3600825	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32750-4314	Country USA	Zip 32750-4314	Country USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RESTREPO, MARIA
1405 SPARROW STREET
LONGWOOD FL 32750

ch # 1010

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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 \$150.00
After MAY 1, 2001 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		
TITLE PD	NAME RIOS, ALBA	<input type="checkbox"/> Delete
STREET ADDRESS 715 WEST COURT	CITY-ST-ZIP LONGWOOD FL 32750	
TITLE VPD	NAME DE JESUS, IVAN RESTREPO	<input type="checkbox"/> Delete
STREET ADDRESS 1405 SPARROW STREET	CITY-ST-ZIP LONGWOOD FL 32750	
TITLE SD	NAME RESTREPO, MARIA	<input type="checkbox"/> Delete
STREET ADDRESS 1405 SPARROW STREET	CITY-ST-ZIP LONGWOOD FL 32750	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 715 WEST COURT	CITY-ST-ZIP LONGWOOD, FL 32750	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	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: *Alba Rios* - ALBA RIOS-PD 01/06/01 (407)9216163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)