FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6/13

FILED
Jul 15, 2003 8:00 am
Secretary of State
06-13-2003 90057 039 ***150.00

DOCUMENT # P99000072503 (L)

1. Entity Name
J + R Publishing Co.

[redacted]

55051400

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12246 SW 131st Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL. 33186	City & State
Zip: 33186 Country: USA	Zip Country

4. FEI Number 65-0960258 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Luis R. Dominguez

Street Address (P.O. Box Number is Not Acceptable): 12246 SW 131st Avenue

City: Miami FL Zip Code: 33186

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 _____ 5.22.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Jeannie Montes de Oca
STREET ADDRESS	12246 SW 131st Avenue
CITY-ST-ZIP	Miami FL. 33186
TITLE	Vice-President
NAME	Luis R. Dominguez
STREET ADDRESS	12246 SW 131st Avenue
CITY-ST-ZIP	Miami FL. 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5.22.03 305-259-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #