## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment

SIGNATURE:

## FILED Jan 24, 2001 8:00 am DOCUMENT # P99000073638 **Secretary of State** 1. Entity Name JINVERSIONES U.S.A., INC. 01-24-2001 90056 029 \*\*\*150.00 Principal Place of Business Mailing Address 14866 S.W. 40TH COURT 14866 S.W. 40TH COURT MIRAMAR FL 33027 MIRAMAR FL 33027 2. Principal Place of Business 3. Mailing Address 1465 MATESTY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0302439 WESTON Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3327 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME RODRIGUEZ, JORGE E Street Address (P.O. Box Number is Not Acceptable) 1157 FAIRLAKE TRACE #1601 WESTON FL 33326 City WESTON 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 egent and bite if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12, **PVTD** TITLE Addition TITLE Delete Change NAME RODRIGUEZ, JORGE E NAME STREET ADDRESS STREET ADDRESS 1157 FAIRLAKE TRACE #1601 CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 Delete TITLE TITLE Change Addition NAME PUERTES, PATRICIA NAME STREET ADDRESS STREET ADDRESS 1157 FAIRLAKE TRACE #1601 CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 PVTD ☐ Delete TITLE TITLE ☐ Change ☐ Addition RODRIGUEZ, JORGE E 1465 HAJESTY TERRACE NAME NAME STREET ADDRESS STREET ADDRESS WELTON FL 33327 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PUENTES, PATRICIA 1467 HAJESTY TEPRACE NAME NAME STREET ADDRESS STREET ADDRESS WESTON IL. 33327 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS 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 troe 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 fustee empowered besecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if r like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

026E 2002, 6UEZ 1-15-01