

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90348 045 ***150.00

DOCUMENT # **P99000079134**

1. Entity Name

JLN. Investment, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 N BISCAYNE BLVD #100

3. Mailing Address

100 N BISCAYNE BLVD #100

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-09-45-814

Applied For

Not Applicable

Zip

33132

Country

USA

Zip

33132

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JULIEN MARTINON

Street Address (P.O. Box Number is Not Acceptable)

100 N BISCAYNE BLVD #100

City

MIAMI

FL

Zip Code

33132

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IN THIS SPACE**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-22-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1; Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
JULIEN MARTINON
100 N BISCAYNE BLVD #100
MIAMI FL 33132**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIEN MARTINON

04-22-02

DATE

305-372-8217

Daytime Phone #

CR2E034B (12/01)

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Attachment
Doc# P99000079134
659106

DOCUMENT #

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