

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083863

1. Entity Name

JUBILEE CONSTRUCTION, CORP.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90146 029 ***550.00

Principal Place of Business

24 EAST 5TH ST
#1E
HIALEAH FL 33010

Mailing Address

24 EAST 5TH ST
#1E
HIALEAH FL 33010

B0107222



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

24 E 5th ST
Suite/Apt. #, etc.
#1-E

3. Mailing Address

24 E 5th ST.
Suite/Apt. #, etc.
#1-E

City & State

HIALEAH FL
Zip
33010

City & State

HIALEAH FL
Zip
33010

4. FEI Number

65-0949569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIPPES, ALFREDO J
24 EAST 5TH ST
#1E
HIALEAH FL 33010

7. Name and Address of New Registered Agent

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.

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, 2000 Min. 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

TITLE PD
NAME RIPPES, ALFREDO J
STREET ADDRESS 11570 NE 21 DRIVE
CITY-ST-ZIP N MIAMI BEACH FL 33181 ☐ Delete

TITLE VD
NAME LUIS, RODOLFO
STREET ADDRESS 67 WEST 32ND ST.
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

TITLE SD
NAME ARANA, JORGE
STREET ADDRESS 67 WEST 32ND ST.
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 15/00