

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0020481 AV

DOCUMENT # P99000083863

1. Entity Name  
JUBILEE CONSTRUCTION, CORP.



FILED

03 SEP 26 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
24 EAST 5TH ST  
#1E  
HIALEAH FL 33010

Mailing Address  
24 EAST 5TH ST  
#1E  
HIALEAH FL 33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0949569

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS 800023369258  
CITY-ST-ZIP 09/26/03--01081--008 \*\*555.00 ☐ Change ☐ Addition

TITLE V  
NAME MANUEL, MESA  
STREET ADDRESS 8070 NW 10ST  
CITY-ST-ZIP MIAMI FL 33126 ☒ Delete

TITLE  
NAME OSVALDO GONZALEZ  
STREET ADDRESS 1015 W 50 PLACE  
CITY-ST-ZIP HIALEAH, FL - 33012 ☒ Change ☐ Addition

TITLE T  
NAME ARANA, JORGE  
STREET ADDRESS 67 W 32 ST  
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

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

TITLE S  
NAME ZAMBRANO, SALVADOR  
STREET ADDRESS 2260 NW 27 AVE #13  
CITY-ST-ZIP MIAMI FL 33142 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 Block 11 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

9/1/03 305 887-3800

Date

Daytime Phone #

CR2E034 (4/03)