

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000095874**

1. Entity Name

Jacob Medical Enterprises Corp.

Principal Place of Business

Mailing Address

7511 N.W. 73 St. # 111, Miami, FL 33166

FILED

01 APR 30 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0965107

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Hiram L. Perez

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

518 E. 18th St. Hialeah,

City

Hialeah,

FL

Zip Code

33013

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

4/17/01

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	Roberto Rielo	<input type="checkbox"/> Delete
NAME		1235 S.W. 3 St.,	<input checked="" type="checkbox"/>
STREET ADDRESS		Miami, FL 33135	
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	P	Darlene Ruiz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7511 N.W. 73 Ave.,	
STREET ADDRESS		Miami, FL 33166	
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/01

HIRAM L. PEREZ DORESTE
PUBLIC ACCOUNTANT

518 E. 18TH STREET
HIALEAH, FLORIDA 33013

TEL/FAX: 305-885-1658
BEEPER: 305-~~578-8237~~

452-8081

April 17, 2001

Florida Department of State
Division of Corporations
Box 6327, Tallahassee, FL 32314

ATT: Ms. Susan Payne
Senior Section Administrator

RE: Jacobs Medical Enterprises, Inc.
P99006095874

Dear Ms. Payne:

We confirm our phone conversation of April 17, 2001.

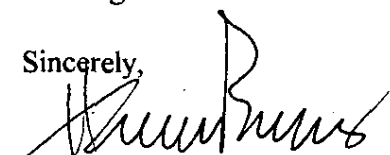
The report for year 2000 was mailed to the wrong address.
Please find enclosed Money order in the amount of \$ 300.00
to cover Year 2000 # 2001 and thr UBR for 2001.

Please find enclosed UBR for year 2001.

Thanks very much for your valuable cooperation.

Best regards.

Sincerely,



C.P. Hiram L. Perez Doreste & Assoc.