

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097014

1. Entity Name
JAOTEK, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90042 025 ***158.75

Principal Place of Business

9411 SW 4TH ST., #114
MIAMI FL 33174

Mailing Address

9411 SW 4TH ST., #114
MIAMI FL 33174-2019

2. Principal Place of Business

PMB 476 / 10201 HAMMOKS BLVD

3. Mailing Address

PMB 476 / 10201 HAMMOKS BLVD

Suite, Apt. #, etc.

Suite 153

Suite, Apt. #, etc.

Suite 153

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33196

Country

DADE

Zip

33196

Country

DADE

4. FEI Number

65-0984042

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OVIEDO, HECTOR R
9411 SW 4TH ST., #114
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name

Jaime Gualdrón

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

10201 HAMMOKS BLVD Suite 153

PMB 476

City
MIAMI

FL

Zip Code
33196

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

Jaime Gualdrón - President

3-14-00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, JAIME G 9411 SW 4TH ST., #114 MIAMI FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUALDRON, JAIME PMB 476 10201 HAMMOKS BLVD STE 153 MIAMI FL 33196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jaime Gualdrón
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 03-15-00 (305) 7734643

Date

Daytime Phone #

CR2E034 (9/99)