

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90088 026 ***150.00

0061899

DOCUMENT # P99000101025

1. Entity Name

JET MOLDS, INC

Principal Place of Business

5860 W 12 AVE
HIALEAH FL 33012

Mailing Address

5860 W 12 AVE
HIALEAH FL 33012

2. Principal Place of Business

1767 W. 34 ST

Sub/Apt. #, etc.

4

City & State

HIALEAH-FLA.

Zip

33012

Country

DADE

3. Mailing Address

1767 W. 34 ST.

Sub/Apt. #, etc.

4

City & State

HIALEAH-FLA

Zip

33012

Country

DADE

4. FEI Number

65-0962284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUSTAMANTE, DANIEL
5860 W 12 AVE
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

DANIEL JUSTAMANTE

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

1767 W. 34 ST. BAY-4

City

HIALEAH-FL

FL

Zip Code

33012

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.

DANIEL JUSTAMANTE

(NOTE: Registered Agent signature required when reinstating)

JAN-08-2001

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, 2001 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 PD
NAME GORRIN, GREGORIO E
STREET ADDRESS 8828 NW 176 STREET
CITY-ST-ZIP MIAMI FL 33018 ☐ Delete

TITLE SD
NAME JUSTAMANTE, DANIEL
STREET ADDRESS 5860 W 12 AVE.
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE VPD
NAME JUSTAMANTE, JUAN
STREET ADDRESS 15130 SINTRY PL
CITY-ST-ZIP MIAMI LAKES FL 33016 ☐ 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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TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL JUSTAMANTE JAN-08-2001

Date

Daytime Phone #

305-826-2164

CR2E034 (10/00)