

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90086 020 \*\*\*150.00

**DOCUMENT # P99000104109**

1. Entity Name  
**BALDO-JIBAJA, INC.**



Principal Place of Business  
**1912 19 LANE**  
**PALM BEACH GARDENS FL 33418**

Mailing Address  
**1912 19 LANE**  
**PALM BEACH GARDENS FL 33418**

2. Principal Place of Business  
**2605A S. MILITARY TR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2605A S. MILITARY TR.**  
Suite, Apt. #, etc.

City & State  
**West PALM BEACH**

City & State  
**West PALM BEACH**

Zip  
**33415** Country  
**PALM BEACH**

Zip  
**33415** Country  
**PALM BEACH**

4. FEI Number  
**65-0970586**

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

**VARGAS, NANCY**  
**1124 11TH TERRACE**  
**PALM BEACH GARDENS FL 33418**

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

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

**4/2/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**BALDO, ADELA**  
**1912 19 LANE**  
**PALM BEACH GARDENS FL 33418** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**JIBAJA, CESAR**  
**1124 11 TERRACE**  
**PALM BEACH GARDENS FL 33418** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**VARGAS, NANCY**  
**1124 11 TERRACE**  
**PALM BEACH GARDENS FL 33418** ☐ 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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JIBAJA, CESAR**  
**1124 11TH TERRACE**  
**PBO. FL. 33418** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**BALDO, ADELA**  
**1912 19 LANE**  
**PBO. FL. 33418** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**VARGAS, NANCY**  
**1124 11TH TERRACE**  
**PBO. FL. 33418** ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)