2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000106264** Sep 13, 2000 8:00 am **Secretary of State** JUNA CORPORATION 09-13-2000 90017 029 ***150.00 Principal Place of Business Mailing Address 2333 BRICKELL AVENUE 2333 BRICKELL AVENUE MEZZANINE SUITE MEZZANINE SUITE **MIAMI FL 33129** MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address 7925 NW 12 Street Suite, Apt. #, etc #318-A-10 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0992905 City & State City & State Applied For Miami, FL 33126 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name * MELEK, FARHAD Street Address (P.O. Box Number is Not Acceptable) 2333 BRICKELL AVENUE **MEZZANINE SUITE MIAMI FL 33129** Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE ORTIZ, SANDRA P NAME NAME STREET ADDRESS 590 EAST 42 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33013 T/T/ F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

9/11/2000

Daytime Phone #

光界EQUIRED

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Ydelsy Quevedo Forte Attorney at Law

> (305) 854-7474 FAX: (305) 856-2527 E-MAIL: yforte@aol.com

Attachment D#090WW000 DW85722

Brickell Bay Club
2333 BRICKELL AVENUE
MEZZANINE SUITE

Miami, Florida 33129

August 16, 2000

To Whom It May Concern:

Subject: JUNA CORPORATION

Attached please find the enclosed check in the total amount of One Hundred and Fifty Dollars(\$150.00), for the above mentioned company. The reason we are sending the check is because we never received the annual report letter from the Dept. of State Division of Corporations. We believe it was the negligence of the post office. We apologize for any inconvenience. If you have any questions please do not hesitate to contact our office at (305) 854-7474. Thank you.

Very truly yours,

YDELSY QUEVEDO FORTE, P.A.

Ydelsy Q. Forter

Attorney at Laws

YQF/rm