


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90126 037 ***150.00

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DOCUMENT # S47223	
1. Entity Name JUMBIE BEAT ENTERPRISES, INC.	

Principal Place of Business 110 N.E. 196TH STREET MIAMI FL 33179	Mailing Address 110 N.E. 196TH STREET MIAMI FL 33179
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0258124		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
JACOBS, THEOPHILUS 110 N.E. 196TH STREET MIAMI FL 33179		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) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	JACOBS, THEOPHILUS	NAME	
STREET ADDRESS	110 N.E. 196TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	JACOBS, CAROL	NAME	
STREET ADDRESS	110 N.E. 196TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	CITY-ST-ZIP	
TITLE	D	TITLE	Secretary/Treasurer
NAME	AFOON, JOHN	NAME	Caryl Jacobs-Pierre
STREET ADDRESS	1600 N.E. 126TH ST #209	STREET ADDRESS	110 NE 196th St
CITY-ST-ZIP	N MIAMI FL 33179	CITY-ST-ZIP	Miami, FL 33179
TITLE	STD	TITLE	DIRECTOR
NAME	GARCIA, MERVYN	NAME	
STREET ADDRESS	C/O 110 NE 196TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **3/5/03** **305-651-6352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)