

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V21349**

1. Entity Name

**SURF JUNGLE INC.**

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90024 002 \*\*\*150.00

Principal Place of Business

Mailing Address

782 N.W. LEJEUNE RD  
SUITE 548  
MIAMI FL 33126

782 N.W. LEJEUNE RD  
SUITE 548  
MIAMI FL 33126

2. Principal Place of Business

5401 W. Oak Ridge Rd.

3. Mailing Address

5401 W. Oak Ridge Rd.

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

Orlando Florida

Zip

32819 USA

City & State

Orlando Florida

Zip

32819 USA

4. FEI Number

59-3132443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARQUEZ, JOSE M.**  
**782 N.W. LEJEUNE RD**  
**SUITE 548**  
**MIAMI FL 33126**

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST**  
NAME **RODRIGO, MARTA**  
STREET ADDRESS **782 NW LEJEUNE RD SUITE 548**  
CITY-ST-ZIP **MIAMI FL 33126**

☐ Delete

TITLE **DPST**  
NAME **RODRIGO, Marta**  
STREET ADDRESS **5401 W. Oak Ridge Road-Suite 2**  
CITY-ST-ZIP **Orlando, Florida 32819**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing do  
indicated on this report or supplemental report is true and ac  
of the corporation or the receiver or trustee empowered to  
changed, or on an attachment with an address, with all othe  
A qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  
e and that my signature shall have the same legal effect as if made under oath; that I am an officer or director  
this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if  
empowered.

SIGNATURE: *Marta Rodrigo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marta Rodrigo, President**

**2/08/00**

**(407) 352-0048**

Date

Daytime Phone #

CR2E034 (9/99)