

2000 UNIFORM BUSINESS REPORT (UBR)

0134426

DOCUMENT # 624197
Entity Name J.J.O. PROPERTIES

APPROVED
AND
FILED

00 MAR 23 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3499 NW 25th ST.
MIAMI, FL. 33142
Mailing Address 3499 NW 25th ST.
MIAMI, FL 33142

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2090757	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
~~OSCAR A. WHITE
ONE NE 2nd AVE
MIAMI, FL 33132~~

7. Name and Address of New Registered Agent
Name JESUS PEREZ
Street Address (P.O. Box Number is Not Acceptable)
275 VELEROS CT.
City CORAL GABLES FL Zip Code 33143

I 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.

Jesus R Perez
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	PD JESUS PEREZ 1146 NW 21 AVE MIAMI, FLORIDA ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ULISES SUAREZ ☒ Change ☐ Addition 275 VELEROS CT CORAL GABLES, FL. 33142
ADDRESS ST-ZIP	OSCAR A. WHITE ☒ Delete 209 E. FLAGLER ST MIAMI, FLORIDA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JESUS PEREZ ☒ Change ☐ Addition 275 VELEROS CT. CORAL GABLES, FL. 33143
ADDRESS ST-ZIP	JAIME ENSENAT ☒ Delete 1146 NW 21 AVE MIAMI, FLORIDA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003150378 ☒ Change ☐ Addition -03/31/00--01070--018 *****61.25 *****61.25
ADDRESS ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 stated 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 signed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jesus R Perez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)