

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90051 037 ***150.00

DOCUMENT # P98000088783

1. Entity Name
J & L ENTERPRISES INC.

Principal Place of Business Mailing Address
7550 SW 153 CT.,#206 **7550 SW 153 CT.,#206**
MIAMI FL 33193 **MIAMI FL 33193-1733**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0884011** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OSMA, JAVIER
7550 SW 153 CT.,#206
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name **LANDAZABAL, LOIS E.**
 Street Address (P.O. Box Number is Not Acceptable)
12002 SW 101 ST.

City **MIAMI** FL Zip Code **33186**

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 **JAVIER OSMA** DATE **04.27.00**

Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	OSMA, JAVIER	
STREET ADDRESS	7550 SW 153 CT.,#206	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDAZABAL, LUIS E	
STREET ADDRESS	12002 SW 101 ST.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDAZABAL, LOIS E	
STREET ADDRESS	12002 SW 101 ST.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSMA, JAVIER	
STREET ADDRESS	7550 SW 153 CT. #206	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LOIS E. LANDAZABAL** DATE **04.27.00** DAYTIME PHONE # **305.408.1577**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)