

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 546015

1. Entity Name

J. AND B. INTERNATIONAL SALES CORP.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90259 018 ***150.00

Principal Place of Business

Mailing Address

12855 SW 136 AVENUE
201
MIAMI FL 33186
US

P.O. BOX 960448
MIAMI FL 33296-0448
US

2. Principal Place of Business

12855 S.W. 136 Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite 105

City & State

MIAMI, FL

City & State

Zip

33186

Country

Zip

Country

4. FEI Number

59-1758334

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

VIDAL, FIDEL P.
1360 W 41 ST. #101
HIALEAH FL 33012

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 PD ☐ Delete
NAME PEREZ, JOSE ANTONIO
STREET ADDRESS 13241 SW 85 LANE
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME PEREZ, JULIAN F
STREET ADDRESS 13886 SW 101 LN
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME PEREZ, BERTHA M
STREET ADDRESS 11629 SW 90 ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jose A. Perez - Jose A. Perez

JAN. 4-2000 (305) 252-3384

CR2E034 (9/99)