

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 661664

1. Entity Name

J & Y PROPERTIES, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90032 031 \*\*\*150.00

Principal Place of Business

8424 NW 56 ST  
MIAMI FL 33166

Mailing Address

8424 NW 56 ST  
MIAMI FL 33166-3327

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

59-1999800

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

NAVARRO, GUSTAVO  
8424 NW 56 ST  
MIAMI FL 33166

Name

NAVARRO, GUSTAVO T.

Street Address (P.O. Box Number is Not Acceptable)

8424 N.W. 56 Street

City

MIAMI,

FL

Zip Code  
33166

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.

Gustavo T. Navarro-Secretary

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

April 07/2000

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 NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	NAVARRO, JUAN	
CITY-ST-ZIP	8424 NW 56 ST MIAMI FL 33166	
TITLE NAME	DS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	NAVARRO, GUSTAVO	
CITY-ST-ZIP	8424 NW 56 ST MIAMI FL 33166	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAVARRO, JUAN	
CITY-ST-ZIP	8424 N.W. 56 Street Miami, FL 33166	
TITLE NAME	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAVARRO, GUSTAVO T.	
CITY-ST-ZIP	8424 N.W. 56 Street Miami, FL 33166	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

Gustavo T. Navarro-Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 07/2000

Date

(305) 591-8868

Daytime Phone #

CR2E034 (9/99)