

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90056 041 ***150.00

DOCUMENT # **G-16972**

1. Entity Name

J. M. SURVEYOR INC

DO NOT WRITE IN THIS SPACE

90068110

2. Principal Place of Business

14757 SW 141 TERR

Suite, Apt. #, etc.

3. Mailing Address

14757 SW 141 TERR

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33196

Country

MIAMI Dade

Zip

33196

Country

MIAMI Dade

4. FEI Number

59-2252640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOSE M MARTINEZ

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

14757 SW 141 TERRACE

City

MIAMI

FL

Zip Code

33196

**DO NOT WRITE
IN THIS SPACE**

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/28/03
DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D-P
MARTINEZ, JOSE
14757 SW 141 TERRACE
MIAMI FL 33196**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D-T-3
MARTINEZ, ROSA
14757 SW 141 TERRACE
MIAMI FL 33196**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/03