

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90096 013 \*\*\*150.00

**DOCUMENT # J31293**

1. Entity Name

**J. PINON ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

1651 WEST 37 ST.  
 #410  
 HIALEAH FL 33012  
 US

1651 WEST 37 ST.  
 #410  
 HIALEAH FL 33012-4653  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1651 West 37 Street

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay # 406

City & State

City & State

Hialeah

Zip

Country

Zip

Country

33012

Miami Dade

4. FEI Number

59-2716774

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

**PINON, LIDYA**  
**9921 N.W. 80TH AVENUE**  
**BAY 1-N**  
**HIALEAH GARDENS FL 33016**

Name

**Joaquin Pinon**

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

**9311 N.W. 121 Terr.**

**Hialeah Gardens, Fl. 33018**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PINON, LIDYA</b>	NAME	
STREET ADDRESS	<b>9921 N.W. 80TH AVENUE, BAY1-N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH GARDENS FL 33016</b>	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERTOT, RAMIRO R</b>	NAME	
STREET ADDRESS	<b>9920 S.W. 22ND STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOMINGUEZ, JUAN M</b>	NAME	
STREET ADDRESS	<b>236 MARSHALL STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ELIZABETH NJ 07206</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOMINGUEZ, DOLORES M</b>	NAME	
STREET ADDRESS	<b>236 MARSHALL STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ELIZABETH NJ 07206</b>	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joaquin Pinon</b>	NAME	
STREET ADDRESS	<b>9311 N.W. 121 Terr.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Hialeah Gardens, Fl., 33018</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

*Joaquin Pinon*  
**JOAQUIN PINON**

03/02/00 (305) 826-8333

Date

Daytime Phone #

CR2E034 (9/99)