

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90104 040 ***150.00

DOCUMENT # L83096

1. Entity Name

JSM CONSTRUCTION CORP.

*275 HARBOR DRIVE
Key Biscayne FL*

Principal Place of Business

Mailing Address

C/O JORGE SUAREZ-MUNIAS
454 N.W. 22ND AVE., SUITE 200
MIAMI FL 33125
US

275 HARBOR DRIVE
KEY BISCAYNE FL 33149-1233
US

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

275 HARBOR DRIVE
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.

City & State

City & State

Key Biscayne FL
Zip *33149* Country *USA*

Zip

Country

SAME
Zip *↓* Country

4. FEI Number

65-0202543

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

SUAREZ-MUNIAS, JORGE
169 HARBOR DRIVE
KEY BISCAYNE FL 33149

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 **P** ☐ Delete
NAME **SUAREZ-MUNIAS, JORGE**
STREET ADDRESS **169 HARBOR DRIVE**
CITY-ST-ZIP **KEY BISCAYNE FL**

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

TITLE **Vice President** ☐ Delete
NAME **SUAREZ-MUNIAS, JORGE**
STREET ADDRESS **169 HARBOR DRIVE**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **Vice President** ☐ Change ☐ Addition
NAME **Jorge Suarez-munias**
STREET ADDRESS **275 HARBOR DRIVE**
CITY-ST-ZIP **Key Biscayne FL 33149**

TITLE **Secretary** ☐ Delete
NAME **SUAREZ-MUNIAS, VICTOR**
STREET ADDRESS **169 HARBOR DRIVE**
CITY-ST-ZIP **Key Bisc FL 33149**

TITLE **Secretary** ☐ Change ☐ Addition
NAME **Jorge Suarez-munias**
STREET ADDRESS **275 HARBOR DRIVE**
CITY-ST-ZIP **Key Biscayne FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 #

4-7-2000 (305) 361-2272

CR2E034 (9/99)