

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009201

1. Entity Name

J & L CONSULTANTS AND INVESTMENTS, LLC

Principal Place of Business

3101 INDIAN CREEK DR.. #310
MIAMI BEACH FL 33140

Mailing Address

3101 INDIAN CREEK DR.. #310
MIAMI BEACH FL 33140

2. Principal Place of Business

600 N.E. 36th STREET

3. Mailing Address

600 N.E. 36th STREET

Suite, Apt. #, etc.

SUITE 1504

Suite, Apt. #, etc.

SUITE 1504

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33137

Country

Zip

33137

Country

4. FEI Number

65-0971439

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHRISTO, LEONOR C
600 N.E. 36 ST. 1504
MIAMI FL 33136

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MANAGING MEMBER ☐ Delete
NAME JEFFREY P. CHRISTO
STREET ADDRESS 600 N.E. 36th ST. #1504
CITY-ST-ZIP MIAMI, FL. 33137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME 800003415798-4
STREET ADDRESS -10/05/00--01114--024
CITY-ST-ZIP *****55.00 *****55.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

JEFFREY P. CHRISTO

8-21-00

305-534-2408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)