2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 24, 2001 8:00 am Secretary of State **DOCUMENT # M13488** J.M.V. INVESTIGATIONS, INC. 01-24-2001 90022 028 ***150.00 Principal Place of Business Mailing Address 8791 SW 28TH ST 8791 SW 28TH ST MIAMI FL 33165 MIAMI FL 33165 R0009073 2. Principal Place of Business 3. Mailing Address 87915W 28 51. 5W 2 Ant # etc Suite Ant # etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2769749 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3165 MAHI DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VARELA, JOSE M. Street Address (P.O. Box Number is Not Acceptable) 1149 S.W. 27 AVE STE 203 **MIAMI FL 32144** City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DΡ ☐ Addition ☐ Delete TITLE Change VARELA, JOSE M. NAME 1149 S.W. 27 AVE., STE 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition TITLE ☐ Delete 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.

SIGNING OFFICER OF DIRECTOR