

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M75171

1. Entity Name

J & M VENTURES, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90076 025 \*\*\*150.00

Principal Place of Business

Mailing Address

8120 W. WATERS AVE.  
 104  
 TAMPA FL 33615  
 US

8120 W. WATERS AVE.  
 104  
 TAMPA FL 33615-1849  
 US

2. Principal Place of Business

8130 W. Waters Ave.

3. Mailing Address

8130 W. Waters Ave.

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33615

Country

US

Zip

33615

Country

U.S.

4. FEI Number

59-2883280

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

CAVALLO, JULIO, J.  
 8120 W. WATERS AVE.  
 TAMPA FL 33615

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 ☐ Delete  
 NAME DPT  
 STREET ADDRESS CAVALLO, JULIO J.  
 CITY-ST-ZIP 8513 WOODBURN CT  
 TAMPA FL

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

TITLE ☐ Delete  
 NAME DVS  
 STREET ADDRESS CAVALLO, MARY  
 CITY-ST-ZIP 8513 WOODBURN CT  
 TAMPA FL

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Julio J. Cavallo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

813-884-2901

Daytime Phone #

CR2E034 (9/99)