

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051254

1. Entity Name  
**J & M BUILDING CORPORATION**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90266 043 \*\*\*150.00

Principal Place of Business

**9530 SW 25TH DR.  
MIAMI FL 33165**

Mailing Address

**9530 SW 25TH DR.  
MIAMI FL 33165**

2. Principal Place of Business

**700 N.W. 10 Avenue**

3. Mailing Address

**700 N.W. 10 Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Homestead, FL**

City & State

**Homestead, FL**

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

**33030**

Country

**U.S.**

Zip

**33030**

Country

**U.S.**

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

**GONZALEZ, ILEANA  
9520 SW 25TH DR.  
MIAMI FL 33165**

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, 2001 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 NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition

**President  
Julio C. Hernandez  
9530 S.W. 25 Drive  
Miami, FL 33165**

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition

**V.P.  
Maria E. Hernandez  
9530 S.W. 25 Drive  
Miami, FL 33165**

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/01 (305) 245-8522**

Date Daytime Phone #

CR2E034 (10/00)