

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056208
 1. Entity Name
JIM FOOD SERVICES, INC.

FILED

01 OCT 29 AM 11:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **2579 WEST 80TH STREET, HIALEAH FL 33016**
 Mailing Address: **2579 WEST 80TH STREET, HIALEAH FL 33016**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



REINSTATEMENT 2001

RB

6. Name and Address of Current Registered Agent
MONTENEGRO, JOSE
2579 WEST 80TH STREET
HIALEAH FL 33016

4. FEI Number **65-1021501**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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: *Jose Montenegro* **JOSE MONTENEGRO** DATE: **10-26-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE: D	<input type="checkbox"/> Delete
NAME: DE LUJAN, IRENE	
STREET ADDRESS: 9233 WEST SUNRISE BOULEVARD	
CITY-ST-ZIP: PLANTATION FL 33322	
TITLE: D	<input type="checkbox"/> Delete
NAME: NOVARO, MARIA	
STREET ADDRESS: 17000 N.W. 67TH AVE APT 429	
CITY-ST-ZIP: MIAMI FL 33015	
TITLE: D	<input type="checkbox"/> Delete
NAME: MONTENEGRO, JOSE	
STREET ADDRESS: 326 LAKEVIEW DRIVE APT. 101	
CITY-ST-ZIP: WESTON FL 33326	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jose Montenegro* **REQUIRED** DATE: **10-06-01** DAYTIME PHONE #: **305 827-1830**
Signature and typed or printed name of signing officer or director

0021207 AV

CR2E034 (5/01)