

# 2005 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# **P00000069539**

1. Entity Name

**J M K PATIO, INC.**

Principal Place of Business  
**747 N W 38TH TERRACE  
DEERFIELD BEACH FL 33442**

Mailing Address  
**747 N W 38TH TERRACE  
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

**USA**

Zip

Country

**USA**

4. FEI Number

**651026282**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DA SILVA, FABIO E  
747 N W 38TH TERRACE  
DEERFIELD BEACH FL 33442**

7. Name and Address of Now 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

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, 2005 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

TITLE **PVSTD** ☐ Delete  
NAME **DA SILVA, FABIO E**  
STREET ADDRESS **747 N W 38TH TERRACE**  
CITY - ST - ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **400054517584**  
CITY - ST - ZIP **05/13/05--01053--015 \*\*\*300.00**

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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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 qualified 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 MAY -4 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

DO NOT WRITE IN THIS SPACE

Deerfield Beach, FL April 29, 2005.

FLORIDA DEPARTMENT OF STATE  
REINSTATEMENT DEPARTMENT  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit  
--- Corporation by the following name:

**J M K PATIO, INC.**  
**Doc. # P00000069539**

We have not received the Annual Business Report 2004  
first notice to renew our corporation's name.

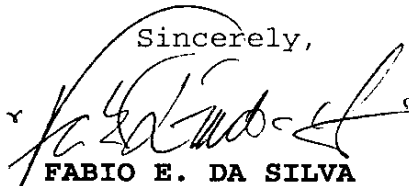
Now we come before this honorable Department asking to  
wave the penalty once we did not received the first notice.

Was not our intention to be late with the Department  
State of Florida, which we honor and respect the laws and  
regulations.

Please accept the update form 2005 Annual Business  
Report along with a check of \$ 300.00 to pay the fees.

Thank you for your cooperation and concern, and if you  
have any question or concern regarding this matter, do not  
hesitate to contact us.

Sincerely,

  
**FABIO E. DA SILVA**  
**President**