

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# P0000069539**

**1. Entity**  
**JMK PATIO, INC.**



FILED

03 DEC -1 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of**  
747-NW 38th Terrace  
Deerfield Beach, FL 33442

**Mailing**  
747-NW 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      Zip      Country  
USA      USA

**4. FEI Number**  
65-1026282

**Applied For**  
 Not Applicable

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

REINSTATEMENT

03

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered**

DA SILVA, FABIO E  
747 NW 38th Terrace  
Deerfield Beach, FL 33442

**7. Name and Address of Now Registered**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Department of State

**9. Election Campaign Financing**  
Trust Fund Contribution       **\$5.00 may Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PVSTD	<input type="checkbox"/> Delete
NAME	DA SILVA, FABIO E	
STREET ADDRESS	747 NW 38th Terrace	
CITY - ST - ZIP	Deerfield Beach, FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Chang <input type="checkbox"/> Additi
NAME	600025129802	
STREET ADDRESS	12/01/03--01083--025	**150.00
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NAME		
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date      Daytime Phone #

Deerfield Beach, FL November 26, 2003.

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**

And we have not received the Annual Business Report 2003 first notice to renew our corporation's name.

Now we come before this honorable Department asking to wave this penalty once we did not received the first notice and we did not know that was supposed to be renewing annually.

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 2003 Annual Business Report along with a check of \$ 150,00 to pay the fee.

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