

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90003 012 \*\*\*150.00

012074

**DOCUMENT # P00000076506**

1. Entity Name

J.L. JUSTLINE, INC.

Principal Place of Business

12309 SW 11TH ST. BLDG 24  
PEMBROKE PINES FL 33025

Mailing Address

12309 SW 11TH ST. BLDG 24  
PEMBROKE PINES FL 33025

2. Principal Place of Business

1555 SW 109 Avenue

3. Mailing Address

Same as P.P.B

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

City & State

Pembroke Pines

City & State

Zip

FL 33025 U.S.A.

Zip

Country

4. FEI Number

65-1023056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALBEIRO GRISALES, JOSE  
12309 SW 11TH ST, BLDG 24  
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name Lina M. Gomez  
Street Address (P.O. Box Number is Not Acceptable)

1555 SW 109 Avenue #207

City Pembroke Pines **FL** Zip Code 33025

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

04-01-01

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

TITLE PD ☒ Delete  
NAME GRISALES, JOSE ALBEIRO  
STREET ADDRESS 12309 SW 11TH ST, BLDG 24  
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE VSD ☐ Delete  
NAME CALDERON, JUAN M  
STREET ADDRESS 12309 SW 11TH ST, BLDG 24  
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE TD ☐ Delete  
NAME GOMEZ, LINA MARIA  
STREET ADDRESS 12309 SW 11TH ST, BLDG 24  
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition  
NAME Lina M. Gomez  
STREET ADDRESS 1555 SW 109 Avenue #207  
CITY-ST-ZIP Pembroke Pines, FL 33025

TITLE Vice-President ☒ Change ☐ Addition  
NAME Juan M. Calderon  
STREET ADDRESS 1555 SW 109 Avenue #207  
CITY-ST-ZIP Pembroke Pines, FL 33025

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

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

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

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 [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-01-01 954-7049457

CR2E034 (10/00)