

FILED
Sep 11, 2001 8:00 am
Secretary of State

09-11-2001 90008 036 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096651

1. Entity Name

Jacque's International Investments, Incorporated

Principal Place of Business

**3894 W. Flagler Street
Miami, Florida 33134**

Mailing Address

**3894 W. Flagler Street
Miami, Florida 33134**

2. Principal Place of Business

3340 N.W. 67th Street

Suite, Apt. #, etc.

3. Mailing Address

3340 N.W. 67th Street

Suite, Apt. #, etc.

00006440

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-1053426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**Lourdes A. Rodriguez
3894 West Flagler Street
Miami, Florida 33134**

7. Name and Address of New Registered Agent

Name

Alvaro Castillo

Street Address (P.O. Box Number is Not Acceptable)

1390 Brickell Avenue

Suite 200

City

Miami

FL

Zip Code

33131

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 entity if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-30-01

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

**TITLE D Jose Landa
NAME
STREET ADDRESS
CITY-ST-ZIP
3894 West Flagler Street
Miami, Florida 33134**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE D/P Jose Landa
NAME
STREET ADDRESS
CITY-ST-ZIP
3340 N.W. 67 Street
Miami, Florida 33147**

☒ Change ☐ Addition

**TITLE NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Delete

**TITLE D/V/S/T Jaqueline Araujo Roman
NAME
STREET ADDRESS
CITY-ST-ZIP
3340 N.W. 67th Street
Miami, Florida 33147**

☐ Change ☒ Addition

**TITLE NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Delete

**TITLE NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Change ☐ Addition

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CITY-ST-ZIP**

☐ Delete

**TITLE NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Change ☐ Addition

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:

Jacqueline Araujo, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-01

(205) 836-2421

DATE

TELEPHONE

CR2E034 (1/1/00)