

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103248

1. Entity Name
JMS PAINTERS, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90196 018 ***150.00

Principal Place of Business
8249 NW 36TH STREET SUITE 102
MIAMI FL 33166

Mailing Address
8249 NW 36TH STREET SUITE 102
MIAMI FL 33166

2. Principal Place of Business
8181 NW, 36th ST

3. Mailing Address
8181 NW, 36th ST

Suite, Apt. #, etc.
5008

Suite, Apt. #, etc.
5008

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33166

Country
USA

Zip
33166

Country
USA

4. FEI Number
65-1092792

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIOS, LEOPOLDO
1800 W. 49TH ST
SUITE 307
HIALEAH FL 33012

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 _____ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MORENO, JULIO
8249 NW 36TH STREET SUITE 102
MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MORENO, JULIO
9805 NW, 52ND ST, #311
MIAMI, FL 33178 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
SIMON, JOSE
8249 NW 36TH STREET SUITE 102
MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
SIMON, JOSE
8181 NW, 36th ST, #1008
MIAMI, FL 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2/13/01
Date

(305)5990033
Daytime Phone #

CR2E034 (10/00)