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2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the

SIGNATURE:

Sep 13, 2001 8:00 am Secretary of State **DOCUMENT #** P00000110780 1. Entity Name 09-13-2001 90013 033 ***550.00 JJS&M INVESTMENTS, INC. Principal Place of Business Mailing Address 5601 COLLINS AVE STE CU-1 5601 COLLINS AVE STE CU-1 MIAMI BEACH FL 33134 MIAMI BEACH FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1059167 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILLMAN-WALKER, LOUIS M 782 NW LEJEUNE ROAD STE 350 **MIAMI FL 33126** Zip Code 33126 8. The above named entity submits this statement for the purpose e of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CHAIRMAN / DIRECTOR TITLE ☐ Delete TITLE Change ☐ Addition CANISECO, JOSE JR. CANSECO, JOSE JR NAME NAME 5601 COLLINS AVE, STE CU-1 CR2E034 STREET ADDRESS 5601 COLLINS AVE STE CU-1 STREET ADDRESS MIAMI BEACH, FLOUDA 33140 CITY-ST-ZIP MIAMI BEACH FL 33134 CITY-ST-ZIP TITLE PRESIDENT TITLE Addition ☐ Delete ☐ Change LEVENSON, STEVEN NAME NAME Shool COLLINS AVE, STE CU-1 STREET ADDRESS STREET ADDRESS MIAMI BEALH, FLORIDA 33140 CITY-S1-ZIP CITY-ST-ZIP VICE PRESIDENT Addition TITLE Delete ----TITLE Change ORTIZ JAVIER NAME NAME 5601 COLLINS AVE, STE CU-1 STREET ADDRESS STREET ADDRESS MIAMI BEACH, FLORIDA 33140 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ith this ting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information t is true of 0 accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the in indicated on this report of

REQUIRED