

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110780

1. Entity Name  
JJS&M INVESTMENTS, INC.

Principal Place of Business  
5601 COLLINS AVE STE CU-1  
MIAMI BEACH FL 33134

Mailing Address  
5601 COLLINS AVE STE CU-1  
MIAMI BEACH FL 33134

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90054 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1059162** 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

SUITE 600  
10 NW LE JEUNE RD  
MIAMI FL 33126

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **CD** ☐ Delete  
NAME **CANSECO, JOSE JR**  
STREET ADDRESS **5601 COLLINS AVE STE CU-1**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **P** ☐ Delete  
NAME **LEVENSON, STEVEN**  
STREET ADDRESS **5601 COLLINS AVENUE STE CU-1**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **VP** ☐ Delete  
NAME **ORTIZ, JAVIER**  
STREET ADDRESS **5601 COLLINS AVENUE STE CU-1**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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 ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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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 or other like empowered.

SIGNATURE: JAVIER ORTIZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02 785-85-4300  
Date Daytime Phone #

0224547 AV

CR2E034 (9/01)