

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111544

1. Entity Name
JR & CM Enterprise, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 OCT 11 AM 11:33

Principal Place of Business
120 NW. 36 St.
Miami, FL 33127

Mailing Address

2. Principal Place of Business
120 NW. 36 St.
Suite, Apt. #, etc.

3. Mailing Address
692 W. 29 St.
Suite, Apt. #, etc.
#9

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State
Hialeah FL

4. FEI Number
65-1064868

Applied For
Not Applicable

Zip
33127

Country
USA

Zip
33012

Country
USA

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

DEL ROSARIO, JOSE
120 NW. 36 St.
Miami, FL 33127

Name
Camilo Martinez

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

120 NW. 36 St.

City
Miami

FL

Zip Code
33127

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]

Camillo Martinez

9/26/01

Signature, typed or printed name of registered agent and title if applicable.

(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
DIP
DEL ROSARIO JOSE
120 NW. 36 St.
Miami FL 33127 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Divice-P.
MARTINEZ, Camilo
120 NW. 36 St.
Miami FL 33127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700004645037--8
-10/19/01-01023-006
***550.00 ***550.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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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: [Signature] Camillo Martinez

Date

Daytime Phone #

CR2E034 (11/00)