

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90756 036 \*\*\*150.00

**DOCUMENT # P01000034525**



1. Entity Name  
**F & J PROPERTY MANAGEMENT, INC.**

Principal Place of Business  
**14493 SOUTHWEST 152ND TERRACE  
MIAMI FL 33177**

Mailing Address  
**14493 SOUTHWEST 152ND TERRACE  
MIAMI FL 33177**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1289389**

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

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALI, FAZIL	
STREET ADDRESS	14493 SOUTHWEST 152ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ESPINO, JOSE A	
STREET ADDRESS	14493 SOUTHWEST 152ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SAHADEO-ALI, NANDA L	
STREET ADDRESS	14493 SOUTHWEST 152ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/03 (305) 278-9322

CR2E034 (10/02)



STEPHEN P. CLARK CENTER



MIAMI-DADE COUNTY, FLORIDA

DEPARTMENT OF PROPERTY APPRAISAL

PO BOX 359040

MIAMI, FLORIDA 33135-9040

31 007734 3



Tangible Personal Property Tax Return  
Confidential §§193.074 F.S.  
As Required by §§193.052 & 193.062 F.S. Return to  
County Property Appraiser By April 1 to Avoid Penalties  
**State of Florida, County of MIAMI-DADE**

Business Name (DBA - Doing Business As) and  
Mailing Address

MIAMI-DADE PROPERTY APPRAISER  
P. O. BOX 35-9040  
MIAMI, FL 33135-9040

Federal Employer Iden. No

65-1089389

Social Security Number

- - - - -

NAICS: 531110

NAICS/SIC

- - - - -

PROPERTY ADDRESS: 53 NE 56 ST

FOLIO: 31 007734 3 STORE #:

2003

XXX

79002

\*\*\*\*\*AUTO\*\*5-DIGIT 33177

JOSE A ESPINO &amp; W ALINA PRADEL &amp;

FAZIL ALI &amp; W NANDA SAHADEO-ALI

14493 SW 152ND TER

MIAMI FL 33177-6809



If name and address is incorrect make necessary corrections

This return subject to audit with all records kept by you. ☒ Date you began business in this county: Fiscal year:

Incomplete entries are subject to penalties. ☒ Although my fiscal year ended prior to December 31 of the past calendar year, this return reflects property additions and deletions through December 31. Yes ☐ No ☐

☒ Please give name and telephone number of Owner or Person in charge of this Business. ☒ Describe Type or Nature of Your Business:

Name  Telephone

☒ Corporate Name  ☒ Trade Level (Check as many as apply) Retail ☐ Wholesale ☐ Manufacturing ☐

☒ Actual Physical Location of Property for Which this Return is Filed (Street Address - Not P.O. Box) ☐ Professional ☐ Service ☐ Agriculture ☐ Leasing/Rental ☐ Other ☐

☒ Is your business or farm located within the incorporated limits of a City? Yes ☐ No ☒ ☒ Did you file a Tangible Personal Property Return in this county last Year? Yes ☐ No ☐

What City?  If so, under what name and where?

☒ Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes ☐ No ☐ ☒ Former owner of the Business:

Please Show name Exactly as it Appeared on Your most recent Personal Property Tax Bill or  ☒ If Business sold, to whom?

Other Current Tax Return.  Date Sold

## Personal Property Summary

THIS IS A SUMMARY SCHEDULE ONLY. The Schedules on the REVERSE SIDE must be completed in detail and TOTALS entered below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.

## Taxpayer's Estimate of Fair Market Value

## Original Installed Cost

## Appraiser's Use only

10. Office Furniture & Office Machines & Library			
11. EDP Equipment, Computers, Word Processors			
12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.			
13. Machinery and Manufacturing Equipment			
14. Farm, Grove, and Dairy Equipment			
15. Professional, Medical, Dental & Laboratory Equipment			
16. Hotel, Motel, & Apartment Complex			
16a. Rental Units - Stove, Refrig., Furniture, Drapes & Appliances	800.00	UNKNOWN	
17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)			
18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools			
19. Signs - Billboard, Pole, Wall, Portable, Directional, Etc.			
20. Leasehold improvements must be grouped by type, year of installation and description			
21. Pollution Control Equipment			
22. Equipment owned by you but rented, leased or held by others			
23. Supplies - Not Held for Resale			
24. Other - Please Specify			
TOTAL PERSONAL PROPERTY	800.00	UNKNOWN	

Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.

LESS EXEMPTION: ( ) WIDOW ( ) WIDOWER ( ) BLIND  
( ) TOTAL DISABILITY ( ) OTHER

## Taxable value

## Deputy

## Penalty

Please sign and date your return, send the original to the county appraiser's office by April 1, unsigned returns cannot be accepted by the appraiser's office.

Notice: If you are entitled to a widow's, widower's or disability exemption on personal property (not already claimed on real estate) consult appraiser.

DATE 11/13/03 TITLE Pres  
SIGNED [Signature] (TAXPAYER)  
SIGNED [Signature] (PREPARER)  
ADDRESS \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ PREPARER'S I.D. # \_\_\_\_\_