

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90153 042 ***150.00

DOCUMENT # P01000054245

1. Entity Name
J & G EXPORT INT'L, CORP.

Principal Place of Business

~~12966 S.W. 132 AVE.~~
~~MIAMI FL 33186~~

Mailing Address

~~12966 S.W. 132 AVE.~~
~~MIAMI FL 33186~~

2. Principal Place of Business

8275 SW 152 AVE

Suite, Apt. #, etc.

416

City & State

MIAMI, FLORIDA

Zip

33193

Country

USA

3. Mailing Address

4315 NW 7TH

Suite, Apt. #, etc.

51

City & State

MIAMI, FL

Zip

33124

Country

USA

4. FEI Number

65-1109493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MORALES, JOSE L
4887 VIA PALM LAKE
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name **JOSE G. NADALES**

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

8275 SW 152 AVE APT#416

City **MIAMI**

FL

Zip Code

33193

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 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, 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 **PD** ☒ Delete
 NAME **MORALES, JOSE L**
 STREET ADDRESS **4887 VIA PALM LAKE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 **PD** ☐ Change ☒ Addition
 NAME **NADALES, JOSE G.**
 STREET ADDRESS **8275 SW 152 AVE APT#416**
 CITY-ST-ZIP **MIAMI, FLORIDA 33193**

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: **X**

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

JOSE G. NADALES 3/8/02

Date

(305) 408-2086

Daytime Phone #

CR2E034 (9/01)