2003 FOR PROFIT CORPORATION

P02000036748

UNIFORM BUSINESS REPORT (UBR

DOCUMENT# 1. Entity Name

J. AND E. PLASTER, OF MIAMI, INC.

Principal Place of Business 9920 NW 44TH TERRACE #203 MIAMI FL 33178	Mailing Address 9920 NW 44TH TER MIAMI FL 33178	RACE #203	1188		LINE ADIDA NEWA	ANN 1887) 81882 1811
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State	City & State		4. FEI Num 30 - 0	ber 2060567	4	Applied F
Zip Country	Zip	Country		te of Status Desired		.75 Additional Required
6. Name and Address of Cur	rent Registered Agent		7Name a	nd Address of New Regi	stered Age	nt
NEDEDIA EDIMADO		Name				
HEREDIA, EDWARD		Street A	ddress (P.O. Box Num	ber is Not Acceptable)		
9920 NW 44TH TERRACE #203 MIAMI FL 33178				-		
Michigan 1 C 30170		City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code
 The above named entity submits this statement the obligations of registered agent. 	ent for the purpose of chang	ing its registered office or	registered agent, or b	ooth, in the State of Florida	a. Tam fami	iliar with, and ac
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered Agent signat	ure required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550 Make Check Payable to Florida Departme	.00			Election Campaign Financ Frust Fund Contribution.	cing	\$5.00 May Added to Fee
10. OFFICERS	AND DIRECTORS	11,	ADDITION	S/CHANGES TO OFFICE	RS AND DIF	RECTORS IN 11

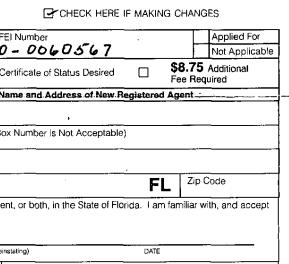
FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90175 019 ***150.00

\$5.00 May Be

☐ Addition

Added to Fees



NAME STREET ADDRESS CITY-ST-ZIP	HEREDIA, EDWARD 9920 NW 44TH TERRACE #203 MIAMI FL 33178	NAME STREET ADDRESS CITY-ST-ZIP		
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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 empow

DP

TITLE