

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000132222

1. Entity Name
J.R. INVESTMENTS & CONSULTING SERVICES, INC.



Principal Place of Business
2010 N.E. 203 STREET
NORTH MIAMI BEACH, FL 33179

Mailing Address
2010 N.E. 203 STREET
NORTH MIAMI BEACH, FL 33179

2. Principal Place of Business
10690 N.E. 11 COURT
Suite, Apt. #, etc.

3. Mailing Address
10690 N.E. 11 COURT
Suite, Apt. #, etc.



09232005 REIN-P CR2E098 (6/04)

City & State
MIAMI SHORES, FL
Zip
33138

City & State
MIAMI SHORES, FL
Zip
33138

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE A
301 W. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009

7. Name and Address of New Registered Agent

Name
ROZENCWAIG & FERRERO-CARR
Street Address (P.O. Box Number is Not Acceptable)
301 W. HALLANDALE BEACH BLVD
City
HALLANDALE BEACH FL Zip Code
33009

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

12/16/05

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
REMOND, JAIME
2010 N.E. 203 STREET
NORTH MIAMI BEACH, FL 33179 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
REMOND, J. VANESSA
2010 N.E. 203 STREET
NORTH MIAMI BEACH, FL 33179 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
REMOND, JAIME
10690 N.E. 11 COURT
MIAMI SHORES, FL 33138 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
REMOND, J. VANESSA
10690 N.E. 11 COURT
MIAMI SHORES, FL 33138 ☒ Change ☐ Addition

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

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

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

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

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 or other like empowered.

SIGNATURE:

J.A. REMOND JAIME REMOND 09/30/05 (305)606-1407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #