

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90118 016 ***150.00

DOCUMENT # P93000078233

1. Entity Name

J.P. Studio, Inc.

Principal Place of Business

Mailing Address

999 Ponce de Leon # 40
Coral Gables FL 33134. > do address

Principal Place of Business

3. Mailing Address

106 Madeira Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FLORIDA

City & State

4. FEI Number

65-0448213

Applied For

Not Applicable

Zip

Country

33134

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Juan Fuentes.

Name

4453 SW 13th Terrace

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

MIAMI FL 33134. 33136

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.

SIGNATURE

(X)

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 PSD
NAME Fuentes Juan D.
STREET ADDRESS 4453 SW 13th Terrace
CITY-ST-ZIP MIAMI, FL 33134. ☐ Delete

TITLE PSD.
NAME Fuentes Juan P.
STREET ADDRESS 4453 SW 13th Terr.
CITY-ST-ZIP MIA FL 33134 ☒ Change ☐ Addition

TITLE VP.
NAME VERONICA FUENTES
STREET ADDRESS 4453 SW 13th Terrace.
CITY-ST-ZIP MIAMI, FL 33134. ☐ Delete

TITLE VP.
NAME Veronica FUENTES
STREET ADDRESS 4453 SW 13th Terr.
CITY-ST-ZIP MIA, FL 33134 ☐ 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

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
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:

(X) *Juan Fuentes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2001 305 443 6323
Date Daytime Phone #

CR2E034 (11/00)