

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90051 045 \*\*\*150.00

DOCUMENT # P93000080801

1. Entity Name  
**JEC INVESTMENTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <del>205-1131 ST, STE 100</del> <del>MIAMI BCH FL 33140</del>	Mailing Address <del>205-1131 ST, STE 100</del> <del>MIAMI BCH FL 33140-3025</del> <del>US</del>
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2. Principal Place of Business <b>P.O. Box 40-3549</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 40-3549</b> Suite, Apt. #, etc.
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City & State <b>MIAMI BEACH FL</b>	City & State <b>MIAMI BEACH FL</b>
Zip <b>33140-1549</b>	Country <b>US</b>

4. FEI Number <b>65-0574910</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**TAIEB, ELODIE**  
~~205-1131 ST, STE 100~~  
**MIAMI BCH FL 33140**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3701 PINETREE DRIVE**  
 City **MIAMI BEACH** FL Zip Code **33140**

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 *Elodie Taieb* DATE 4/20/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2000 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 <b>PTS</b>	<input type="checkbox"/> Delete
NAME <b>TAIEB, ELODIE</b>	
STREET ADDRESS <del>205-1131 ST, STE 100</del>	
CITY-ST-ZIP <del>MIAMI BCH FL 33140</del>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TAIEB ELODIE</b>	
STREET ADDRESS <b>3701 PINE TREE DRIVE</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elodie Taieb* DATE 4/20/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/99