

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081730

1. Entity Name

J S INTERNATIONAL ENTERPRISES, CORP.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90021 025 ***150.00

Principal Place of Business

100-01 N.W. 7TH AVE
MIAMI FL 33150

Mailing Address

100-01 N.W. 7TH AVE
MIAMI FL 33150-1301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0451921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTIAGO, JOSE
9695 N.W. 79TH AVE.
BAY #1
HIALEAH GARDENS FL 33016

Name **SANTIAGO, JOSE**
Street Address (P.O. Box Number is Not Acceptable)
10001 NW 7th AVE.
MIAMI, FL 33150
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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	SANTIAGO, JOSE	
STREET ADDRESS	9695 N.W. 79TH AVE. BAY #1	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTIAGO, JOSE	
STREET ADDRESS	9695 N.W. 79TH AVE. BAY #1	
CITY-ST-ZIP	HIALEAH FL 33016	
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	PRESIDENT - DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, JOSE E.	
STREET ADDRESS	10001 NW 7th AVE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	V.P. TREAS. - DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LALAMA, LOUIS E.	
STREET ADDRESS	10001 NW 7th AVE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	TAJER SECRETARY - DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRUZ TAJER	
STREET ADDRESS	10001 NW 7th AVE	
CITY-ST-ZIP	MIAMI FL 33150	
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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00 305-89-6655

CR2E034 (9/99)