

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081730

1. Entity Name
J S INTERNATIONAL ENTERPRISES, CORP.

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90054 006 ***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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1550 NW 79 ST

3. Mailing Address
1550 NW 79 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Fla

City & State
Miami Fla

4. FEI Number 65-0451921

Applied For
Not Applicable

Zip 33147 Country DADE

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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
10001 NW 7 AVE
MIAMI FL 33150

Name

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

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SANTIAGO, JOSE	10001 NW 7 AVE	MIAMI FL 33150	<input type="checkbox"/>
VPTD	LALAMA, LUIS E	10001 NW 7 AVE	MIAMI FL 33150	<input type="checkbox"/>
S	CRUZ, JAVIER	10001 NW 7 AVE	MIAMI FL 33150	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)