

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000037105

1. Entity Name

JAIPAC INVESTMENT CORP.

FILED

Apr 25, 2000 8:00 am  
Secretary of State

04-25-2000 90047 026 \*\*\*150.00

Principal Place of Business

Mailing Address

2030-324 SW 3RD AVE  
STE 5E  
MIAMI FL 33129  
US

90 SW 8 ST  
3RD FL  
MIAMI FL 33130-3012  
US

2. Principal Place of Business

3. Mailing Address

2030-34 SW 3rd. Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

4. FEI Number

65-0406331

Applied For

Not Applicable

Zip

33129

Country

US

Zip

Country

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

BRUGOS LOPEZ, JAIME  
90 SW 8TH ST  
#3RD FLOOR  
MIAMI FL 33130

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
BRUGOS, JAIME  
2300 S MIAMI AVE  
MIAMI FL 33129 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TERREROS, MARIA A.  
2300 S MIAMI AVE  
MIAMI FL 33129 ☐ Delete

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

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00  
Date

305-3580199  
Daytime Phone #

CR2E034 (9/99)