

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90381 010 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000050125			
1. Entity Name J & M ALL IN ONE ENTERPRISES INC.			
Principal Place of Business 5917 N.W. 199TH STREET HIALEAH, FL 33015		Mailing Address PO BOX 12785 HIALEAH, FL 33017-2785 US	
2. Principal Place of Business		3. Mailing Address 5917 NW 199 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State HIALEAH, FL	
Zip 33015	Country USA	4. FEI Number 65-0643058	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CARDENAS, JAIME 5917 N.W. 199TH STREET HIALEAH, FL 33015		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number Is Not Acceptable)		Street Address (P.O. Box Number Is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when signing.)			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$350.00 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT. CARDENAS, JAIME 5917 N.W. 199TH STREET HIALEAH, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.			
SIGNATURE _____		4-4-03	
SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date	

10079740



☒ CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)