

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072495

1. Entity Name

JMV SERVICES, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90076 037 ***150.00

Principal Place of Business 4303 N.W. 7TH STREET, SUITE C MIAMI FL 33126	Mailing Address 4303 N.W. 7TH STREET, SUITE C MIAMI FL 33126-3515
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2. Principal Place of Business 3814 SW 149 PL Suite, Apt. #, etc.	3. Mailing Address 3814 SW 149 PL Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 65-0607976	Applied For <input type="checkbox"/> Not Applicable
Zip 33185	Country USA	Zip 33185	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent VIZOSO, JUAN M 4303 N.W. 7TH STREET, SUITE C MIAMI FL 33126	7. Name and Address of New Registered Agent Name VIZOSO, JUAN M. Street Address (P.O. Box Number is Not Acceptable) 3814 SW 149 PL City MIAMI FL Zip Code 33185
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VIZOSO, JUAN M 4303 N.W. 7TH STREET, SUITE C MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED 4/26/00 305-606-8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)