2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088848

Entity Name

J.M.P. ENTERPRISES, INC.

FILED
00 MAY 04 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
NW 37 AVE FL 33142	3901 NW 37 AVE SUITE 12 MIAMI FL 33142-4203 US

3/07/00-95001-002 $158.75

Principal Place of Business	3. Mailing Address
2067 W 62 ST	2067 west 62 Streee
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH FLORIDA	City & State: HIALEAH FLORIDA
Zip: 33016 Country:	Zip: 33016 Country:

4. FEI Number: 65-0628979 ☐ 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
PUERTAS, JUANA M 11 S.W. 69TH AVENUE MIAMI FL 33144	Name: JUANA M. PUERTAS Street Address (P.O. Box Number is Not Acceptable): 2067 W 62 ST City: Hialeah FL Zip Code: 33016

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.

JUANA M PUERTAS — Juana M Puertas — 1-23-00

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	PD PUERTAS, JUANA M 3301 NE 5TH AVENUE APT. 1217 MIAMI FL 33137 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PUERTAS, JORGE M 11120 NW 3RD TERRACE MIAMI FL 33172 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GARCIA, MARIA D 3301 NE 5TH AVENUE APT. 1217 MIAMI FL 33137 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition LS

CR2E034 (9/99)

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: Juana M Puertas — 1-23-00 — (305)633-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #