

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90282 045 ***150.00

DOCUMENT # P96000031155

1. Entity Name

J.M. & E. INVESTMENTS, INC.

Principal Place of Business

Mailing Address

%TERRANCE J. MULLIN, ESQ.
2655 LEJEUNE RD., PENTHOUSE II
CORAL GABLES FL 33134

%TERRANCE J. MULLIN, ESQ.
2655 LEJEUNE RD., PENTHOUSE II
CORAL GABLES FL 33134

00039656



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 S. Biscayne Blvd.

3. Mailing Address

200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2000

Suite 2000

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number 65-0797589

Applied For

Not Applicable

Zip
33131

Country
US

Zip
33131

Country
US

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

JAMERSON SUTTON SURLAS & MULLIN LLP
2655 LEJEUNE ROAD
PENTHOUSE II
CORAL GABLES FL 33134

Name
Terrance J. Mullin
Street Address (P.O. Box Number is Not Acceptable)
200 South Biscayne Blvd.
Suite 2000
City Miami FL Zip Code 33131

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

2-2-01

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, 2001 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 GARCIA, EMMA 2655 LEJEUNE ROAD, PH II CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
cto TJ Mullin, 200 S. Biscayne Blvd. Suite 2000 Miami, FL 33131	
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"/> Change <input type="checkbox"/> Addition
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"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EMMA GARCIA RIVAS

03-22-01

CR2E034 (10/00)