

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90013 030 ***158.75

C0074471

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000051783
Entity Name
JAMES & AMADO ENTERPRISES, INC.

Principal Place of Business **Mailing Address**
12957 SW 134th STREET **12957 SW 134th STREET**
MIAMI FL 33186-5889 **MIAMI FL 33186-5859**

Principal Place of Business **3. Mailing Address**
12957 SW 134 CT **12957 SW 134 CT**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**
MIAMI FL **MIAMI FL**
Zip **Zip**
33186 **33186**
Country **Country**

4. FEI Number **Applied For**
65-0676283 **Not Applicable**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
☒ ☐

6. Name and Address of Current Registered Agent
LEON, AMADO J.
13462 SW 129th. TER.
MIAMI FL 33186

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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**

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** **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DP HERNDON, JAMES 13462 SW 129th. TER. MIAMI FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DS LEON, AMADO J. 13462 SW 129th. TER. MIAMI FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James Herndon* **James Herndon** **2/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** **Date** **Daytime Phone #**