

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092280

1. Entity Name
JAYLEX INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90071 018 ***150.00

Principal Place of Business Mailing Address
601 SW 57 AVE SUITE G MIAMI FL 33144 **5537 SW 8 ST SUITE G MIAMI FL 33144**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0711746** 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

LOPEZ, JESUS J
601 SW 57 AVE SUITE G MIAMI FL 33144
5537 SW 8 ST MIAMI FL 33134

Name
Street Address (P.O. Box Number is Not Acceptable)
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.

SIGNATURE *Jesus Lopez* *Jesus Lopez* 3/13/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | MUNIZ, LILIA | |
| STREET ADDRESS | 427 MADEIRA AVE | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LOPEZ, JESUS J | |
| STREET ADDRESS | 7135 COLLINS AVE | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |

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 attached sheet, address, with all other like empowered.

SIGNATURE: *Jesus Lopez* *Jesus Lopez* 3/13/00
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)