

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098250

1. Entity Name

JEC & CM, INC.

FILED

Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90035 036 ***150.00

Principal Place of Business

Mailing Address

~~10257 NW 23RD AVE~~

~~PO BOX 521162~~

~~STE 1~~

~~MIAMI FL 33152-1162~~

~~MIAMI FL 33056~~

~~US~~

631465



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14858 S.W. 176 TERR.

3. Mailing Address

14858 S.W. 176 TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0757751

Applied For

Not Applicable

Zip

33187

Country

U.S.A.

Zip

33187

Country

U.S.A.

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

BELKIS, SANCHEZ

~~10257 NW 23RD AVE~~

~~STE 1~~

~~MIAMI FL 33056~~

Name

BELKIS, SANCHEZ

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

14858 S.W. 176 TERRACE

City

MIAMI

FL

Zip Code

33187

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

Belkis Sanchez

BELKIS, SANCHEZ

3/26/00

(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 PD
NAME BELKIS, SANCHEZ
STREET ADDRESS ~~10257 NW 23RD AVE STE 1~~
CITY-ST-ZIP ~~MIAMI FL 33056~~

TITLE PD
NAME BELKIS, SANCHEZ
STREET ADDRESS 14858 S.W. 176 TERR
CITY-ST-ZIP MIAMI, FL 33187

TITLE
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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

Belkis Sanchez BELKIS, SANCHEZ

Date

3/26/00

Daytime Phone #

(305) 252-9022

CR2E034 (9/99)