

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90089 024 ***150.00

DOCUMENT # P97000010256

1. Entity Name

JKL INTERNATIONAL ENTERPRISE, INC.

Principal Place of Business

**10840 SW 67TH AVE.
MIAMI FL 33156**

Mailing Address

**C/O PEREZ. BEHAR. AND ASSOC. . INC.
14730 NE 10TH AVE
MIAMI FL 33161-2454**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**PEREZ BEHAR & ASSOC., P.A.
13935 NW 1st AVENUE
MIAMI, FLORIDA 33168**

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0724385

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PEREZ BEHAR & ASSOCIATES, INC.
14730 NE 10TH AVE.
NO MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name **PEREZ BEHAR & ASSOC., P.A.**Street Address **13935 NW 1st AVENUE
MIAMI, FLORIDA 33168**

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

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

TITLE **PD** ☐ Delete
NAME **LOURENCO, SILVIO C**
STREET ADDRESS **10840 SW 67TH AVE.**
CITY-ST-ZIP **MIAMI FL 33156**TITLE **S** ☐ Delete
NAME **ALCANCE CONSULTORES ASSOCIADOS**
STREET ADDRESS **RUA LISBOA 964**
CITY-ST-ZIP **SAO PAULO BRASIL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Silvio C. Lourenco **4/13/00** **(305) 662-5961**