

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90042 009 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011868

Entity Name
JEAN-LOUIS ENTERPRISES, INC.

C0020942



DO NOT WRITE IN THIS SPACE

Principal Place of Business
590 NW 71ST STREET
MIAMI FL 33150

Mailing Address
590 NW 71ST STREET
MIAMI FL 33150-3750

Principal Place of Business
7130 N.W. 2 CT.
Suite, Apt. #, etc:

3. Mailing Address
7130 N.W. 2 CT
Suite, Apt. #, etc.

City & State
MIAMI, FL
Zip
33150
Country
DADE

City & State
MIAMI FL
Zip
33150
Country
DADE

4. FEI Number NOT APPLICABLE
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
~~TAMAS TAURAS BODY SHOP~~
590 NW 71ST STREET
MIAMI FL 33150

7. Name and Address of New Registered Agent
Name TAMAS LOUIS BODY SHOP
Street Address (P.O. Box Number is Not Acceptable)
7130 N.W. 2 CT
City MIAMI FL Zip Code 33150

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 Myrtle J. S. 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

1. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN-LOUIS, MYRTHO 590 NW 71ST STREET MIAMI FL 33150 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN-LOUIS, JOHNSON 590 NW 71ST STREET MIAMI FL 33150 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN-LOUIS, RONALD 590 NW 71ST STREET MIAMI FL 33150 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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)(l), 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: Myrtle J. S.

2-4-00