

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038484

1. Entity Name

JM CHARTERS CORP.

Principal Place of Business

1401 S.W. 1 STREET
SUITE 210
MIAMI FL 33135

Mailing Address

1401 S.W. 1 STREET
SUITE 210
MIAMI FL 33135-2213

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6201 S.W. 70th Street, Suite # 210

Suite, Apt. #, etc.

SUITE # 210

City & State

MIAMI FL

Zip

33143

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0748478

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

Name

SAFIE

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

6201 S.W. 70th Street 2nd Floor

City

MIAMI

FL

Zip Code

33143

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MUNILLA, JUAN
CITY-ST-ZIP ~~1401 S.W. 1 STREET~~
MIAMI FL 33135

TITLE ☐ Change ☐ Addition
NAME (SAME)
STREET ADDRESS 6201 S.W. 70th Street 2nd Floor
CITY-ST-ZIP MIAMI, FL. 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ 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 #

(305) 541-6869

CR2E034 (9/99)