FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 19, 2001 8:00 am Secretary of State DOCUMENT # **P97000053053** J.R. RECORD MANAGEMENT, INC. 01-19-2001 90035 043 ***150.00 Principal Place of Business Mailing Address 11115 NW 61ST AVENUE PO BOX 22623 HIALEAH FL 33012 HIALEAH FL 33013 A0006957 2. Principal Place of Business 3. Mailing Address 3500 SW Post Office Box 34737 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0765256 Florida Miam ora Not Applicable \$8.75 Additional 5. Certificate of Status Desired U€ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Janie RODRIGUEZ, JANIE Street Address (P.O. Box Number is Not Acceptable) 11115 NW 61ST AVENUE HIALEAH FL 33012 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition **Change** CR2E034 (10/00 Janie Garcia 3500 SW 135t. NAME NAME RODRIGUEZ, JANIE STREET ADDRESS 11115 NW 61ST AVENUE STREET ADDRESS CITY-ST-ZIP Miami, FL 33145 CITY-ST-ZIP HIALEAH FL 33012 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

D NAME OF SIGNING OFFICER OR DIRECTOR

URE AND TYPED OR PRIN