## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P97000055791 1. Entity Name

J & M TROPICS ENTERPRISES, INC.

## FILED May 03, 2001 8:00 am Secretary of State 05-03-2001 90954 039 \*\*\*150.00

	_		7	Ì	03-03-2001 9	0224 032	150.0	<i>.</i>	
Origania Plac	ee of Business.	Mailing Address	11.7011 11.	Konda	t				
Principal Plac	e or Business.	Mailing Address	16794 N. PMB NO MÎAMÎ,	1 150	•				
-8073 5.W. 157	6-COURT	-9073-8.W187-COURT= -MIAMI-TE-33198-	PMO NO	7.13P	196				
18600	5.W. 100 ST.	1	MIAMI	PC. P3	,,,,				
MIAM	FL. 33196				) ( <b>41</b> 01 <b>41</b> )   11 <b>4</b> 1310   1410   1410   1410				
2. Principal Place of Business 18600 S.W. 100 ST.		3. Mailing Address PMB NO. 150							
Suite, Apt.	#, etc.	16794 N. Kendall DR.			DO NOT WRITE	E IN THIS SPAC			
City & Stat		City & State MIAMI, FL.		4.	FEI Number <b>65-076566</b> 0	65-0765660 Applied For Not Applicable			
3319	<del></del>	<sup>Zip</sup> 33196	Country		Certificate of Status Desired	Fee F	75 Addi Required		
<u> </u>	6. Name and Address of Current F	Name	7. Name and Address of New Registered Agent						
SINGER, LINDA C				The state of the s					
	S. DADELAND BVLD.		Street A	Address (P.O. I	Box Number is Not Acceptable)	ı			
SUT	E 1609							1	
MIAMI FL 33156						FL Z	ip Code	<del></del>	1
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office o	r registered as	gent, or both, in the State of Flor	ida.			1
	·								
SIGNATURE.	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	Registered Agent signat	ture required when r	reinstating)	DATE		<del></del>	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE				.00	1 5	<del>.</del>			1
Tax filing r	requirement and elects to do so.	After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Fina Trust Fund Contribution	~ —		May Be to Fees	
11.	OFFICERS AND C	DIRECTORS	12.	AL	DDITIONS/CHANGES TO OFFIC	CERS AND DIRE	CTORS	IN 11	_ {
TITLE	DPST	Delete	TITLE	DPST			hange	Addition	§
NAME STREET ADDRESS	MORALES, JORGE G		NAME STREET ADDRESS	MORA	LES, JORGE G	Ź.			] =
CITY-ST-ZIP	9073 S.W. 167 COURT MIAMI FL 33196		CITY-ST-ZIP	18600	5.W. 100 ST.	MIAM	F	l. 33196	1 8
TITLE	DVP	Delete	TITLE	DVP			hange	Addition	غ ا
NAME	MORALES, MARTA		NAME		LES, MARTA				`
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NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1					
13. I hereby o	certify that the information supplied with t	his filing does not qualify for t	he exemption sta	Lted in Section	119.07(3)(i), Florida Statutes Lt	urther certify the	at the inf	ormation	1
indicated	on this report or supplemental report is to poration or the receiver or trustee empore	true and accurate and that my	y signature shall h	lave the same	legal effect as if made under of	ith; that I am an	officer c	or director	
changed,	or on an attachment with an address, w	Th all other like empowered.	, ,	,	•	الاستوميد		OWN TEN	
SIGNAT	URE: MAXY-MX	~ Torgo	G. Wor	0/05	President	4/26/1	/		
SIGITAL	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OF	R DIRECTOR	<u>. , , , , , , , , , , , , , , , , , , ,</u>	Date	Daytime F	hone #	<del></del>	