

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000092950**

1. Entity Name
J & V PALLETS, INC.

R

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90029 021 ***150.00

Principal Place of Business
**14041 N.W. 20TH AVENUE
OPA LOCKA FL 33054**

Mailing Address
**14041 N.W. 20TH AVENUE
OPA LOCKA FL 33054**

ADD74100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0796225**

Applied For
Not Applicable

Zip Country

Zip Country

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

**VIZARRAGA, JAIME
14041 N.W. 20TH AVENUE
OPA LOCKA FL 33054**

Name
Street Address, (P.O. Box Number is Not Acceptable)
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	VIZARRAGA, JAIME	
STREET ADDRESS	14041 N.W. 20TH AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIZARRAGA, OLGA	
STREET ADDRESS	14041 N.W. 20TH AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-16-00
Date

Daytime Phone #

CRE034 (5/00)

Miami, August 3, 2000

Attachment Doc #
P97 0000 92950
A0074159

Florida Department of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, fl 32302-1500

To Whom-It May-Concern:

Please enclosed find a check of in the amount of \$150.00 dollars because my client from J & V Pallets

Did not receive the first Notice to paid the annual fees and I don't think if they don't receive the first

Notice they don't have to paid a late fee.

Sincerely Yours


Ana M. Condis
Accountant