## 2000 UNIFORM BUSINESS REPORT (UBR)

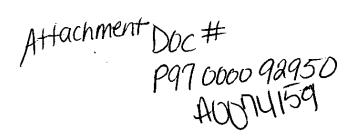
SIGNATURE:

## **FILED** DOCUMENT # **P97000092950** Aug 23, 2000 8:00 am Secretary of State J & V PALLETS, INC. 08-23-2000 90029 021 \*\*\*150.00 Principal Place of Business Mailing Address 14041 N.W. 20TH AVENUE 14041 N.W. 20TH AVENUE OPA LOCKA FL 33054 OPA LOCKA FL 33054 **UULLIO** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0796225 Not Applicable Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VIZARRAGA, JAIME Street Address (P.O. Box Number is Not Acceptable) \_\_ \_ \_ 14041 N.W. 20TH AVENUE OPA LOCKA FL 33054 Zip Code City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete Change ☐ Addition TITI F TITLE VIZARRAGA, JAIME NAME NAME STREET ADDRESS STREET ADDRESS 14041 N.W. 20TH AVENUE CITY-ST-ZIP CITY-ST-7IP OPA LOCKA FL 33054 Change ☐ Addition ☐ Delete TITLE TITLE VIZARRAGA, OLGA NAME NAME STREET ADDRESS STREET ADDRESS 14041 N.W. 20TH AVENUE CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change - Addition Delete - -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete 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.

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08-16-00

'Miami, August 3, 2000



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

Accountant