

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096460

1. Entity Name

J & C MIAMI TRADING GROUP, CORP.

Principal Place of Business

Mailing Address

8202 NW 14TH STREET
MIAMI FL 33126

8202 NW 14TH STREET
MIAMI FL 33126-1000

2. Principal Place of Business

1450 N.W. 78th Ave

Suite, Apt. #, etc.

3. Mailing Address

1450 N.W. 78th Ave

Suite, Apt. #, etc.

City & State

MIAMI, FL 33126

City & State

MIAMI, Florida

Zip

Country

33126 USA

Zip

Country

33126 USA

4. FEI Number

65-0793582

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

GUBO, MARIA CECILIA

1411 COTTONWOOD CIR 3862 Falcon Ridge Cir.
WESTON FL 33326 WESTON, FL 33331

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

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 VP ☐ Delete
NAME GUBO, MARIA C
STREET ADDRESS 1411 COTTONWOOD CIR 3862 Falcon Ridge Cir.
CITY-ST-ZIP WESTON FL 33326 WESTON, FL 33331

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

TITLE P ☐ Delete
NAME SUCCAR, JOANA JUAN A.
STREET ADDRESS 1411 COTTONWOOD CIR 3862 Falcon Ridge Cir.
CITY-ST-ZIP WESTON FL 33326 WESTON, FL 33331

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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: Maria Cecilia Gubo MARIA Cecilia GUBO 4-28-00 (305) 463-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)