

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P98000000233

**1. Entity Name**  
J.B.S. INTERNATIONAL SALES INC.

**Principal Place of Business**      **Mailing Address**  
5487 NW 72 AVE.      PMB 362  
Miami, FL 33166      10773 NW 58 ST.  
Miami, FL 33178

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**4. FEI Number** 65-0804638      **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
Jose M. Somaza 5487 NW 72 AVE Miami, FL 33166		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]*      (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.** ☐ **FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2001 Fee will be \$250.00

**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	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete P Jose N. Somaza 5487 NW 58 ST. Miami, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete V Belinda R. Somaza 5487 NW 58 ST. Miami, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition	900004736349- -12/24/01--01003--022 ***150.00 ***150.00
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	LS
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**3. 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]*      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

FILED

01 DEC 10 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

102

CR2E034 (1/1/00)

J.B.S. INTERNATIONAL SALES INC.  
DOC.#P99800000233

202

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A  
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY  
UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER  
RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE  
THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT  
STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS  
MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS  
LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED  
IN THE ANNUAL REPORT .

CORDIALLY  
JOSE M. SOMOZA  
PRESIDENT