2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # P98000011268 J V UNDERGROUND, INC. 04-26-2000 90154 032 ***150.00 Principal Place of Business Mailing Address 17475 NW 87TH CT. 17475 NW 87TH CT. MIAMI FL 33018-6601 MIAMI FL 33018 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0810054 mi Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7, Name and Address of New Registered Agent Name and Address of Current Registered Age A108 S ONGE. VALDES, JORGE L Street Address (P.O. Box Number is Not Acceptable) 11232 N.W. 2ND TERRACE MIAMI FL 33172 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be. * After MAY-1, 2000 Fee will be \$550.00 --Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVST** ☐ Addition TITLE ☐ Delete TITLE VALDES, JORGE L NAME STREET ADDRESS STREET ADDRESS 11232 NW 2ND TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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 any flat 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: Daytime Phone