

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91596 023 \*\*\*150.00

**DOCUMENT # P98000019474**

1. Entity Name

**J P GENERAL SERVICE CORP**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**3428 SW 3RD. ST**

3. Mailing Address

**3428 SW 3RD. ST.**

Suite, Apt. #, etc.

**MIAMI, FL 33135**

Suite, Apt. #, etc.

**MIAMI, FL 33135**

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FL**

4. FEI Number

**65-0823332**

Applied For

Not Applicable

Zip

**33135**

Country

Zip

**33135**

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

**JUSTO PAEZ**

**3428 SW 3RD. ST.**

**MIAMI, FL 33135**

Name

Street Address (P.O. Box Number is Not Acceptable)

**3428 SW 3RD. ST**

City

**MIAMI**

**FL**

Zip Code

**33135**

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, 2001 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 **P** ☐ Delete  
NAME **PAEZ, JUSTO**  
STREET ADDRESS **3428 SW 3RD. ST.**  
CITY-ST-ZIP **MIAMI, FL 33135**

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

TITLE **VP/D** ☐ Delete  
NAME **RAMIREZ CASTILLO, JUAN**  
STREET ADDRESS **3428 SW 3RD. ST.**  
CITY-ST-ZIP **MIAMI, FL 33135**

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/01

(305) 884-0009

Date

Office Phone