

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063752

1. Entity Name

J Y M INTERNATIONAL, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90086 042 ***150.00

Principal Place of Business

Mailing Address

5545 SW 8 ST
SUITE 207
MIAMI FL 33134

5545 SW 8 ST
SUITE 207
MIAMI FL 33134-2287

2. Principal Place of Business

3. Mailing Address

5545 SW 8th St.
Suite, Apt. #, etc.
107

5545 SW 8th St.
Suite, Apt. #, etc.
107

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33134

Country
EE-VU

Zip
33134

Country
EE-VU

4. FEI Number 65-0851712

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

MARTINEZ, BENJAMIN
570 W. 29 ST #13
HIALEAH FL 33012

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 PD
NAME RAMIREZ, JULIO F
STREET ADDRESS AVE FCO MIRANDA, TORRE E, APT 2-2E
CITY-ST-ZIP MARQUEZ, CARACAS VENEZUELA ☐ Delete

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

TITLE VD
NAME GONZALEZ, MARCOS E
STREET ADDRESS AVE VALENCIA,
CITY-ST-ZIP CARACAS VENEZUELA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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

Date

Daytime Phone #

04-18-00 (305) 269-1989

CR2E034 (9/99)