

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074295

1. Entity Name

J. D. MOTORS I.N.C.

FILED

01 MAR -8 AM 10:31

Principal Place of Business

1971-N.W. 7 AVE  
MIAMI-FL 33136

Mailing Address

1971-N.W. 7 AVE  
MIAMI-FL 33136-1107

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1971 N.W. 7 AVE

3. Mailing Address

1971 N.W. 7 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

City & State

MIAMI

4. FEI Number

65-0934250

Applied For

Not Applicable

Zip

33136

Country

FLORIDA

Zip

33136

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIAZ JUAN  
1971-N.W. 7 AVE  
MIAMI, FL 33136

7. Name and Address of New Registered Agent

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, 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.D. ☐ Delete  
NAME DIAZ JUAN  
STREET ADDRESS 2375 S.W. 25th STREET APT 2  
CITY-ST-ZIP MIAMI-FL 33133

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

TITLE SECRETARY ☐ Delete  
NAME HAYDEE DIAZ  
STREET ADDRESS 2375 S.W. 25th STREET APT 2  
CITY-ST-ZIP MIAMI-FL 33133

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  
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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: Haydee Diaz R

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/0001

Date

305-3254054

Daytime Phone #

CR2E034 (11/00)