2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
02-06-2001 90268 050 ***158.75

DOCUMENT # P98000081239

1. Entity Name
J WALKER STEVENS, INC.

Principal Place of Business	Mailing Address
437 N.E. 23RD AVENUE T.H. #4 POMPANO BEACH FL 33062-4823 US	M.N. STEVENS 2201 PECAN BLVD MCALLEN TX 78501 US U.S.A. Info. Office:

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	4009 N. 23rd. St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite B, PMB-166
City & State	City & State McAllen, TX
Zip / Country	Zip 78504-4104 Country U.S.A.

4. FEI Number 65-0863935 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOSCOSO, JAIME 9727 HAMMOCKS BLVD #104D MIAMI FL 33196	Name LISSET ZELAYA Street Address (P.O. Box Number is Not Acceptable) 234 N.E. 25th street Biscayne Blvd. City Miami FL Zip Code 33137

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 X [signature] 1/15/2001
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) X

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	TITLE		☐ Change ☐ Addition
NAME	STEVENS, J. WALKER		NAME		
STREET ADDRESS	437 N.E. 23RD AVE., T.H. #4		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062-4823		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STEVENS, M.N.		NAME		
STREET ADDRESS	2201 PECAN BLVD #325		STREET ADDRESS		
CITY-ST-ZIP	MCALLEN TX 78501		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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] J. Walker Stevens 1/15/2001 (956) 928-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #