

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90114 007 \*\*\*150.00

**DOCUMENT # P98000091669**  
 1. Entity Name  
**JMG INSYSTEM, INC.**

Principal Place of Business <b>13451 S.W. 101 LANE MIAMI FL 33185</b>	Mailing Address <b>1800 W 49TH ST #207 HIALEAH FL 33012 US</b>
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2. Principal Place of Business <b>5088 NW 115 COURT</b> Suite, Apt. #, etc.	3. Mailing Address <b>1800 W 49TH STREET</b> Suite, Apt. #, etc. <b>SUITE 301</b>
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City & State <b>MIAMI, FL</b>	City & State <b>HIALEAH, FL</b>	4. FEI Number <b>65-0879240</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip <b>33178</b>	Country <b>MIAMI-DADE</b>	Zip <b>33012</b>	Country <b>MIAMI-DADE</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**RIOS, LEOPOLDO G**  
**1800 W. 49TH STREET, SUITE 207**  
**HIALEAH FL 33012**

7. Name and Address of New Registered Agent  
 Name  
**LEOPOLDO G. RIOS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1800 W. 49TH STREET SUITE 301**  
 City  
**HIALEAH, FL**      **FL**      Zip Code  
**33012**

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]* **LEOPOLDO G. RIOS**      **02/22/2001**  
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)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUEVARA, JOSE G</b> <b>13451 S.W. 101 LANE</b> <b>MIAMI FL 33185</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>JOSE M. GONZALEZ</b> <b>5088 NW 115 COURT</b> <b>MIAMI, FL 33178</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **JOSE MANUEL GONZALEZ, PRESIDENT**      **02/22/2001**      **(305) 297-7153**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)