2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900009362 1. Entity Name J & M & H CARPINTERIA CORP Principal Place of Business Mailing Address 538 S.W. 4th St. Florida City, FLorida 33034						FILED SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE OF CORPORATIONS 00 DEC 20 PM 12: 20		
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & Stat	re -	City & State			1	El Number 5-0888498		applied For
Zip Country		Zip		itry	5. Certificate of Status Desired \$8.75 Additional Fee Required			iditional —
	6. Name and Address of Current	Registered Agent	i		7. N	lame and Address of New Register		eu
				Name			y	
Juventino Arriaga				Street Addre	Street Address (P.O. Box Number is Not Acceptable)		, , ,	
538 S.W. 4th St. FLorida City, FLorida 33034								1
rhorida City, rhorida 33034				City	-	F	Zip Co	de
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9/13/00 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 \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750 Make Check Payable to Department of Sta						Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
11.	OFFICERS AND I	DIRECTORS	12.		ADI	DITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Juventino Arriag 538 S.W. 4th St. Florida City, Fl		CITY	E ET ADDRESS - ST-ZIP		\$0000352 -01/03/01- ****\$50.0	-01059	
STREET.ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE			hn	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete				18	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete .		į.			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	T ADDRESS 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: 3/3/00								

(2)

October 20, 2000

Florida Department of State Division Of Corporations P.O. Boz 6327 Tallahassee, Florida 32314 REF#: P99000009362

To whom this may concern:

This letter is in regards to your letter dated October 10, 2000 were you state that you recieved my check for \$550.00 dollars and my Uniform Business Report. You state that because you did not recieve it on time I must send you an additional \$250.00 dollars. The application clearly states that if filed after September 13,2000. you would be charging \$250.00 dollars. Please note that my application was done on not after September 13, 2000 and mailed on the same day. I feel that it is very unfare that I be charged more money. I am already paying three times the application fee.

Please note the application date and the date the check was mailed. Please review my application and reconsider this.

It is very urgent that I receive my reinstatement, my employers will not pay me unless I submitt that I am current with the state. It has already been five and a half weeks since I started this process and I will not be paid until I show them proof!

J&M&H CARPENTERIA CORP.

Juventino Arriaga

Thanking you in advance,

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