

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90110 022 ***158.75

DOCUMENT # **P99000015998**

1. Entity Name

J.L.M. RALSTATE INVESTMENT CO.

Principal Place of Business

Mailing Address

**151 MAJORCA AVENUE, SUITE:C
 CORAL GABLES, FL 33134**

**151 MAJORCA AVE
 SUITE:C
 CORAL GABLES, FL
 33134**

B0089477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0995653

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ZAEDY R. POZO
 GABLES INTERNATIONAL PLAZA
 2655 LEJEUNE RD. PH:1D
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name

ZAEDY R. POZO

Street Address (P.O. Box Number is Not Acceptable)

2655 LeJeune Rd, PH:1D

City

CORAL GABLES

FL

Zip Code

33134

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

ZAEDY R. POZO Esq.

4/10/00

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

PRESIDENT

☐ Delete

NAME

ROBERT TARAF

STREET ADDRESS

151 MAJORCA AVENUE, SUITE:C

CITY-ST-ZIP

CORAL GABLES, FL 33134

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 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

ROBERTO H. TARAF, Director

Date

Daytime Phone #

4/10/00

(305) 444-8337