2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900029569 1. Entity Name

J & E INVESTMENTS OF MIAMI, INC.

Principal Place of Business

Mailing Address

9579 S.W. 124TH PLACE MIAMI FL 33186

9579 S.W. 124TH PLACE

MIAMI FL 33186

FILED Apr 12, 2001 8:00 am Secretary of State

04-12-2001 90044 022 ***158.75

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2. Principal P	7 SW 137 AVE	3. Mailing Address 10 7		ve	3 (00)/900 HO 49/48 (4/11 00)/1 00/11 00/11 00/11 04/10 1/10/0 14/10 1/10/0 1/1/10 1/1/10 1/1/10 1/1/10 1/1/10					
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>		DO NOT WRITE IN THIS SPACE					
City & Stat	. F-71	Miami F	- L	4.	FEI Number	65-0907939		 -	plied For at Applicable	
3317	Country	Zip	Country Liani-Da	ae		Status Desired	F	8.75 Add ee Required		
	6. Name and Address of Current F			7.	Name and Ad	dress of New Reg	istered A	gent		
PARLADE, ALBERT J ESQ. 3850 SW 87TH AVENUE E SUITE 207 MIAMI FL 33165				Street Address (P.O. Box Number is Not Acceptable)						
				.			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) Tax filing requirement and elects to do so.				50.00 of State	Trust	on Campaign Finan Fund Contribution.		Added	May Be to Fees	
11.	OFFICERS AND D	RECTORS	12.			IANGES TO OFFICE	RS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS	PTSD VAZQUEZ, JESUS 9579 S.W. 124TH PLACE	☐ Delete	NAME STREET ADDRESS	PTS 1 VAZC 1334	JUEZ I SW	, Jesus	nue	▼ Change	☐ Addition	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	MIAH	i, FL	33176				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
NAME		Delete	NAME					Change -	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
13. I hereby o	certify that the information supplied with t	his filing does not qualify for th	e exemption state	d in Section	119.07(3)(i), F	Florida Statutes. I fu	rther certi	fy that the in	formation	

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:

NG OFFICER OF DIRECTOR