Apr 16, 2003 8:00 am \$\frac{8}{2}\$
Secretary of State

04-16-2003 90111 022 \*\*\*\*

| Secretary of State | 2003 8:00 am \$\frac{8}{2}\$ | 2003 8:00 am \$\frac{8}\$ | 2003 8:00 am \$\frac{8}{2}\$ | 2003 8:00 am \$\frac{8}{2}\$ | 2

**2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** 

**DOCUMENT #** 

P99000029569

1. Entity Name

J & E INVESTMENTS OF MIAMI, INC.



Principal Plac 15467 SW 137 MIAMI FL 3317	TH AVE	Mailing Address 13341 SW 107 AVE MIAMI FL 33176						######################################					
2. Principal P	lace of Business	3. Mailing Address SW 120 STR									)		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES						
City & Stat	e	City & State					4. FEIN	Number 65	-090793	9	<del></del>	oplied For ot Applicable	
Zip	Country			Zip FL Cou			untry OSA		ficate of Sta	tus Desired		\$8.75 Add	ditional d
	6. Name and A	ddress of Current R	Registered Agent					−7. Nam	e and Addr	ess of New	Registere	d Agent	
PARLADE, ALBERT J ESQ.						Name	<u>Te</u>	SU	s VF	256	vez		
3850 SW 8	87TH AVENUE E	Str			Street At	get Address (P.O. Box Number is Not Acceptable)							
MIAMI FL						City	γι	C1 1/4	Λ.		F	L Zip Cod	e\ 52(_
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signifure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						S Again aignatu	тетецияей		9. Election	Campaign F d Contribut	inancing	\$5.0	<b>0</b> May Be i to Fees
10.	f.,	OFFICERS AND DI	IRECTORS	3	11.			ADDIT	ONS/CHAN	IGES TO OF	FICERS A	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD VAZQUEZ, JESU 13341 SW 107 A MIAMI FL 33176			☐ Delete	1							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PUIG, HECTOR 13300 SW 22 AV MIAMI FL 33175	Æ		□ Delete		1		-	<u> </u>			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<del></del>	☐ Delete		1						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								☐ Change	☐) Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		ſ						☐ Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with in other like empowered.

SIGNATURE: