## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 06, 2002 8:00 am Secretary of State DOCUMENT # P99000037333 1. Entity Name 02-06-2002 90015 004 \*\*\*150.00 J.S. TORO INVESTMENT CORP. Principal Place of Business Mailing Address 2100 NW 20 GT 8502 NW 198TH TERR OUUT/338 **MIAMI FL 33015** MIAMI FL 00142. 2. Principal Place of Business 3. Mailing Address 20 ST NW 2501 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0919607 Not Applicable Country \$8.75 Additional Country Zip Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TORRES, JOSE G Street Address (P.O. Box Number is Not Acceptable) 8502 NW 198TH TERRACE HIALEAH FL 33015 Zip Code City Fl 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE TITLE ☐ Delete NAME TORO, JUAN CARLOS 8270 SW 58 57 STREET ADDRESS STREET ADDRESS 8311 SW 149TH STREET 33/43 CITY-ST-ZIP MIAMI CITY-ST-ZIP MIAMI FL 33143 --TITLE ☐ Addition ☐ Delete TITLE VD NAME NAME TORO, SANDRA 58 8270 SW STREET ADDRESS STREET ADDRESS **6311 SW 143TH STREET** CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an adgress, with all other. accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if er like empowered.

IE OF SIGNING OFFICER OR DIRECTOR

**FILED**