

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042744

1. Entity Name

JUST 2 COMMUNICATION PROMOTION CORPORATION

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90032 002 \*\*\*150.00

Principal Place of Business

119 CIBAO COURT  
SUITE 8  
MIAMI FL 33134

Mailing Address

119 CIBAO COURT  
SUITE 8  
MIAMI FL 33134-1859

800312339



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2999 SW. 2nd Street

3. Mailing Address

2999 SW. 2nd Street

Suite, Apt. #, etc.

5

Suite, Apt. #, etc.

5

City & State

Miami - Florida

City & State

Miami - Florida

4. FFI Number

65-0919023

Applied For

Not Applicable

Zip

33135

Country

USA

Zip

33135

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ALBERTO J  
119 CIBAO COURT  
SUITE 8  
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

GONZALEZ, ALBERTO J.

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

2999 SW. 2nd. Suite 5

City

Miami, FL

FL

Zip Code

33135

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

03/12/2000

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

TITLE ☐ Delete

NAME D FIGUEREDO, ALBERTO J  
STREET ADDRESS 119 CIBAO COURT  
CITY-ST-ZIP MIAMI FL 33134

TITLE ☐ Delete

NAME D LEON, ELIBETH L  
STREET ADDRESS 119 CIBAO COURT  
CITY-ST-ZIP MIAMI FL 33134

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS → 2999 SW 2nd. #5  
CITY-ST-ZIP MIAMI-FL 33135

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS → 2999 SW 2nd. #5  
CITY-ST-ZIP MIAMI-FL 33135

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X

**ALBERTO J. FIGUEREDO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/2000

Date

305-6430265

Daytime Phone #