

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90049 046 ***150.00

DOCUMENT # P99000053482

1. Entity Name

J & J PERFORMANCE ASSOCIATES I, INC.

Principal Place of Business

Mailing Address

1160 NE 134TH STREET
 NO. MIAMI FL 33161

1160 NE 134TH STREET
 NO. MIAMI FL 33161-4253

2. Principal Place of Business

10775 Caribbean Blvd.

3. Mailing Address

16500 NW 2nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cutler Ridge FL

City & State

Miami FL

4. FEI Number

65-0945621

Applied For

Not Applicable

Zip

33189

Country

FL

Zip

33169

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WASERSTEIN, RICHARD ESQ
 913 NORMANDY DRIVE
 MIAMI BEACH FL 33141**

Name

TED L. RAVELO

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

16500 NW 2nd Avenue

City

Miami

FL

Zip

33169

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-99

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAVELO, TED L		NAME		
STREET ADDRESS	1160 NE 134TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NO. MIAMI FL 33161		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAVELO, MARIA TERESA P		NAME		
STREET ADDRESS	1160 NE 134TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NO. MIAMI FL 33161		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANGANIBAN, LEONARD		NAME		
STREET ADDRESS	1160 NE 134TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NO. MIAMI FL 33161		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E014 (9/99)