

DOCUMENT # P99000053482

1. Entity Name  
J & J PERFORMANCE ASSOCIATES I, INC.

Principal Place of Business      Mailing Address  
10775 CARIBBEAN BLVD.      16500 NW 2ND AVE.  
CUTLER RIDGE FL 33189      MIAMI FL 33169

2. Principal Place of Business      3. Mailing Address  
  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
  
City & State      City & State  
  
Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent  
  
RAVELO, TED L  
16500 NW 2ND AVE.  
MIAMI FL 33169

7. Name and Address of New Registered Agent  
  
Name  
  
Street Address (P.O. Box Number is Not Acceptable)  
  
  
City      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 \_\_\_\_\_ (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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	PD <input type="checkbox"/> Delete	
NAME	RAVELO, TED L	
STREET ADDRESS	1160 NE 134TH STREET	
CITY - ST - ZIP	NO. MIAMI FL 33161	
TITLE	STD <input type="checkbox"/> Delete	
NAME	RAVELO, MARIA TERESA P	
STREET ADDRESS	1160 NE 134TH STREET	
CITY - ST - ZIP	NO. MIAMI FL 33161	
TITLE	D <input checked="" type="checkbox"/> Delete	
NAME	PANGANIBAN, LEONARD	
STREET ADDRESS	1160 NE 134TH STREET	
CITY - ST - ZIP	NO. MIAMI FL 33161	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: TED L. RAVELU      1-3-01      (305) 945-2621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90046 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)