2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90136 029 ***150.00

DOCUMENT # P99000059338

1. Entity Name
JL 2000 CORPORATION

Principal Place of Business	Mailing Address
2875 NE 191 STREET PH 3A AVENTURA FL 33180	2875 NE 191 STREET PH 3A AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3440 HOLLYWOOD BLVD	3440 HOLLYWOOD BLVD
Suite, Apt. #, etc. SUITE 360	Suite, Apt. #, etc. SUITE 360
City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FL
Zip 33021 Country USA	Zip 33021 Country USA

4. FEI Number 65-0974770 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUSSO, MARK E
2875 NE 191 STREET PH 3A
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name: MARK E. ROUSSO, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 3440 HOLLYWOOD BLVD, STE 360
City: HOLLYWOOD
Zip Code: 33021

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 ______________________ 4/19/01
Signature, typed or printed name of registered agent and title if applicable (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PD NAME: ALLUEVA, JOSE L STREET ADDRESS: 17050 N BAY ROAD UNIT 903 CITY-ST-ZIP: SUNNY ISLES FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: VD NAME: LOPEZ, LUIS A STREET ADDRESS: 17050 N BAY ROAD UNIT 903 CITY-ST-ZIP: SUNNY ISLES FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: ______________________ 4/19/01 954 322-4280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)