

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059983

1. Entity Name

J.M.S. BUILDERS, CORP.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90057 005 ***150.00

Principal Place of Business

Mailing Address

15980 S.W. 42ND TERRACE
MIAMI FL 33185

15980 S.W. 42ND TERRACE
MIAMI FL 33185-3831

2. Principal Place of Business

3. Mailing Address

15970 SW 42 TERR

P.O. Box 65-5133

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

MIAMI, FL

Zip

Country

33185

USA

Zip

Country

33265

USA

4. FEI Number

65-0930988

Applied For

Not Applicable

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

DIAZ, O J
7951 S.W. 40TH STREET
SUITE 206
MIAMI FL 33155

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

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PVST	MIRABAL, JOSEFA	15980 S.W. 42ND TERRACE MIAMI FL 33185				
	D	MIRABAL, JOSEFA	15980 S.W. 42ND TERRACE MIAMI FL 33185				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/20/00 305-551-6059

CR2E034 (9/99)