

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067629

1. Entity Name

J. & M. MERCHANDISE DISTRIBUTORS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90917 016 ***150.00

Principal Place of Business

Mailing Address

8730 S.W. 133 AVENUE ROAD NO 10-322
MIAMI FL 33183

8730 S.W. 133 AVENUE ROAD NO 10-322
MIAMI FL 33183-5385

2. Principal Place of Business

3. Mailing Address

8261 SW 29th Street
Suite, Apt. #, etc.

8261 SW 29th Street
Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI FL

Zip

Country

Zip

Country

33155

US

33155

US

4. FEI Number

Applied For

65-0939940

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

GARCIA, JOSE A JR.
8730 S.W. 133 AVENUE ROAD NO 10-322
MIAMI FL 33183

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 D GARCIA, JOSE A JR. ☐ Delete
NAME
STREET ADDRESS 8730 S.W. 133 AVENUE ROAD NO 10-322
CITY-ST-ZIP MIAMI FL 33183

TITLE P GARCIA, JOSE A. JR. ☐ Change ☐ Addition
NAME
STREET ADDRESS 8261 SW 29th Street
CITY-ST-ZIP MIAMI, FL 33155

TITLE D GARCIA, MARIE E. ☐ Delete
NAME
STREET ADDRESS 8730 S.W. 133 AVENUE ROAD NO 10-322
CITY-ST-ZIP MIAMI FL 33183

TITLE D GARCIA, MARIE E. ☐ Change ☐ Addition
NAME
STREET ADDRESS 8261 SW 29th St
CITY-ST-ZIP MIAMI, FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/2000

305-591-9377
305-559-0506

CR2E034 (9/99)