

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90106 020 ***158.75

DOCUMENT # P99000073819

1. Entity Name

J.N.J. BUILDING, INC.

Principal Place of Business

Mailing Address

1313 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES FL 33134

1313 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES FL 33134-3343

041000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3801 ALHAMBRA CIRCLE
Suite, Apt. #, etc.

3801 ALHAMBRA CIRCLE
Suite, Apt. #, etc.

City & State

CORAL GABLES - FL

City & State

CORAL GABLES - FL

4. FEI Number

65-0944898

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

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

SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES FL 33134

Name ERNESTO V. TORRENT

Street Address (P.O. Box Number is Not Acceptable)
3801 ALHAMBRA CIRCLE

City CORAL GABLES FL Zip Code 33134

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
NAME SANCHEZ-GALARRAGA, JORGE
STREET ADDRESS 1313 PONCE DE LEON BLVD., SUITE 301
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE P
NAME ERNESTO V. TORRENT
STREET ADDRESS 3801 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES - FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.1993