

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000077618**

1. Entity Name

JMS CONSTRUCTION OF MIAMI, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90071 046 ***150.00

Principal Place of Business

Mailing Address

**14330 SW 159 ST.
MIAMI FL 33156****8950 S.W. 69TH COURT
#202
MIAMI FL 33156****00021455**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0927938

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SOBALVARRO, JORGE
8950 S.W. 69TH COURT
#202
MIAMI FL 33156**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 | PTSD | <input type="checkbox"/> Delete |
| NAME | SOBALVARRO, JORGE | |
| STREET ADDRESS | 8950 S.W. 69TH COURT #202 | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | Op S.D. 14330 Sw 159 St. | <input type="checkbox"/> Delete |
| NAME | Auxiliadora Sobalvarro | |
| STREET ADDRESS | MIAMI FL 33177 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)