2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000086552**

1. Entity Name

SIGNATURE:

J.B.J. AUTO SALES INC.

Mailing Address Principal Place of Business

03-01-2000 90049 010 ***158.75 8461 N.W. 54TH ST 8461 N.W. 54TH ST **UIUU -**MIAMI FL 33166 MIAMI FL 33166-3320 2. Principal Place of Business 3. Mailing Address 8463 N.W. 54th Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0951586 Not Applicable Miami, Fl. -33166. Country Country \$8.75 Additional 5. Certificate of Status Desired Dade Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent James Caicedo - -HURTADO, -JAIRO SR: - - - - -Street Address (P.O. Box Number is Not Acceptable) --8461-N:W: 54TH-ST -----2026 S.W. 136 Place --MIAMI FL-33166 ------Miami, Fl. 33175. 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. 2-22-00 DATE SIGNATURE X f applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD----☐ Change Addition P7D TITLE Delete TITLE HURTADO; JAIRO SR. - - - -James Caicedo NAME NAME STREET ADDRESS 8461-N.W.-547H-ST - - - - -2026 S.W. 136 Place STREET ADDRESS CITY-ST-7IP Miami, Fl. 33175. CITY-ST-ZIP MIAMI-FL 33166-----Change Addition ☐ Defete TITLE V-PTDTITLE Carlos A. Morales 10850 NW 2 Street, Apt #207 TOLA, MARIA S SR. NAME NAME STREET ADDRESS 2026 S.W. 136TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** <u> Miami, Fl. 33175.</u> ■ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition THUE ☐ Del∉te TITLE NAME NAME STREET ADDRESS 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.

FILED

Mar 01, 2000 8:00 am Secretary of State