

2002 UNIFORM BUSINESS REPORT (UBR)

1/
FILED
Mar 12, 2002 8:00 am
Secretary of State

01-17-2002 90011 036 ****50.00

DOCUMENT # L01000006989

1. Entity Name

JNC HOLDINGS, LLC

Principal Place of Business

**1221 N. VENETIAN WAY
MIAMI FL 33139**

Mailing Address

**1221 N. VENETIAN WAY
MIAMI FL 33139**

2. Principal Place of Business

145 JEFFERSON AVE.

3. Mailing Address

145 JEFFERSON AVE.

Suite, Apt. #, etc.

435

Suite, Apt. #, etc.

435

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI BEACH, FLORIDA

Zip

33139

Country

U.S.A.

Zip

33139

Country

U.S.A.

4. FEI Number

05-1109487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAPOTE, NIBALDO J
1221 N. VENETIAN WAY
MIAMI FL 33139**

7. Name and Address of New Registered Agent

Name **NIBALDO J. CAPOTE**

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

145 JEFFERSON AVE, #435

City **MIAMI BEACH**

FL

Zip Code

33139

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)

1/14/02
DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGER** ☐ Delete
NAME **NIBALDO J. CAPOTE**
STREET ADDRESS **145 JEFFERSON AVE, #435**
CITY-ST-ZIP **MIAMI BEACH FL. 33139**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/14/02

**305-789
7537**

CR2E083 (9/01)