

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90254 042 ****50.00

DOCUMENT # L01000020452

1. Entity Name
JTAC LLC

Principal Place of Business
**9791 SW 217TH STREET
 MIAMI FL 33190**

Mailing Address
**9791 SW 217TH STREET
 MIAMI FL 33190**

967558



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
95 N.W. 1ST STREET
 Suite, Apt. #, etc.

3. Mailing Address
95 N.W. 1ST STREET
 Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLOREDA

4. FEI Number
26-0016355

Applied For
 Not Applicable

Zip
33128

Country
U.S.A.

Zip
33128

Country
U.S.A.

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**DE GOYTISOLO, AGUSTIN P.A.
 600 BILTMORE WAY, SUITE 1205
 CORAL GABLES FL 33134-7534**

7. Name and Address of New Registered Agent

Name **JIMMY CALZAVARA**
 Street Address (P.O. Box Number is Not Acceptable)
9791 SW. 217TH STREET
 City **MIAMI** FL Zip Code **33190**

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 **JIMMY CALZAVARA MGRM** **4-30-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALZAVARA, JIMMY SEGATTO 9791 SW 217TH STREET MIAMI FL 33190 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALZAVARA, TRICIA N 9791 SW 217TH STREET MIAMI FL 33190 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALZAVARA, ARMANDO 9791 SW 217TH STREET MIAMI FL 33190 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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** **4-30-02 305-374-3663**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)