

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2003 8:00 am  
Secretary of State

02-26-2003 90030 003 \*\*\*\*50.00

DOCUMENT # L01000020452



1. Entity Name  
**JTAC LLC**

Principal Place of Business

95 N.W 1ST STREET  
MIAMI FL 33128

Mailing Address

95 N.W 1ST STREET  
MIAMI FL 33128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **26-0016355**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALZAVARA, JIMMY**  
9791 SW . 217TH STREET  
MIAMI FL 33190

Name  
**Calzavara, Jimmy**

Street Address (P.O. Box Number is Not Acceptable)  
**11951 SW 120th Terrace**

City **Miami**

FL

Zip Code  
**33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Handwritten Signature]*

**1-23-03**

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM**  
**CALZAVARA, JIMMY SEGATTO**  Delete  
**9791 SW 217TH STREET**  
**MIAMI FL 33190**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM**  Change  Addition  
**CALZAVARA, JIMMY SEGATTO**  
**11951 SW 120th Terrace**  
**Miami, FL 33186**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM**  Delete  
**CALZAVARA, TRICIA N**  
**9791 SW 217TH STREET**  
**MIAMI FL 33190**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM**  Change  Addition  
**CALZAVARA, TRICIA N**  
**11951 SW 120th Terrace**  
**Miami, FL 33186**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM**  Delete  
**CALZAVARA, ARMANDO**  
**9791 SW 217TH STREET**  
**MIAMI FL 33190**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~XXXXXXXXXX~~  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: *[Handwritten Signature]* **REQUIRED**

**1-23-03**

**305-374-3663**

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

Date

Daytime Phone #

CR2E083 (10/02)