

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90013 029 ***158.75

DOCUMENT # P00000004211

1. Entity Name
J.C.L. SERVICE GROUP, INC.

Principal Place of Business

**222258 SW 98 PLACE
CATALINA WEST FL 33190**

Mailing Address

**222258 SW 98 PLACE
CATALINA WEST FL 33190**

2. Principal Place of Business

**7075 NW 186ST
Suite, Apt. #, etc.
C 308**

3. Mailing Address

**7075 NW 186ST
Suite, Apt. #, etc.
C 308**

City & State
MIAMI, Fla.

City & State
MIAMI, Fla.

Zip

Country

33015

USA

Zip

Country

33015

USA

4. FEI Number

65-0984116

Applied For

Not Applicable

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

**ARAUZ, LUIS C
7225 NW 25TH ST
#306
MIAMI FL 33122**

Name

LUIS C. CEPEDA

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

7075 NW 186ST C-308

City

MIAMI

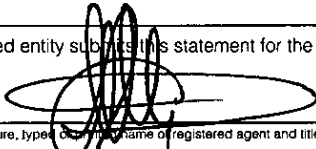
FL

Zip Code

33015

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



LUIS C. CEPEDA

04-25-2001

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 State**

10. 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 **PD** ☐ Delete
NAME **CEPEDA, JOSE R**
STREET ADDRESS **22258 SW 98 PL**
CITY-ST-ZIP **CATALINA WEST FL 33190**

TITLE **D** ☐ Change ☒ Addition
NAME **LUIS C. CEPEDA**
STREET ADDRESS **7075 NW 186ST C 308**
CITY-ST-ZIP **MIAMI, Fla 33015**

TITLE **SD** ☐ Delete
NAME **CEPEDA, CARLOS**
STREET ADDRESS **22258 SW 98 PL**
CITY-ST-ZIP **CATALINA WEST FL 33190**

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

TITLE **SD** ☐ Delete
NAME **CEPEDA, ADRIANA**
STREET ADDRESS **22258 SW 98 PL**
CITY-ST-ZIP **CATALINA WEST FL 33190**

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

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

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 reports 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 all other like empowered.

SIGNATURE: 

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS C. CEPEDA

Date

Daytime Phone #

305 8293779

CR2E034 (10/00)