

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90034 024 \*\*\*150.00

DOCUMENT # 360462

1. Entity Name

J. T. C. CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

2750 SW 87 AVE  
#210  
MIAMI FL 33165  
US

2750 S.W. 87TH AVE ROOM #210  
MIAMI FL 33165-3254

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

59-1395785

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

CRESPO, JOSE T  
2750 S.W. 87 AVENUE  
#210  
MIAMI FL 33165

Name

Robert Crespo

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

2750 SW 87 AVE #210

City

Miami

FL

Zip Code

33165

8. The above named entity admits 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)

DATE

1/28/00

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, 2000 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CRESPO, JOSE T	
STREET ADDRESS	2750 S.W. 87 AVE., #210	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, MARIA	
STREET ADDRESS	2750 S.W. 87 AVE., #210	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Robert Crespo	
STREET ADDRESS	2750 SW 87 AVE #210	
CITY-ST-ZIP	Miami, FL. 33165	
TITLE	Vice President / Secretary / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Lucy Fraga	
STREET ADDRESS	2750 SW 87 AVE #210	
CITY-ST-ZIP	Miami, FL. 33165	
TITLE	Vice President / Treasurer / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Ivette Crespo	
STREET ADDRESS	2750 SW 87 AVE #210	
CITY-ST-ZIP	Miami, FL. 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Crespo, President / Director

DATE

Daytime Phone #

1/28/00 305 226-341X