

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90006 027 ***150.00

DOCUMENT # 360462

1. Entity Name
J. T. C. CONSTRUCTION CORP.

Principal Place of Business

**2750 SW 87 AVE
 #210
 MIAMI FL 33165
 US**

Mailing Address

**2750 SW 87 AVE
 #210
 MIAMI FL 33165
 US**

00020674



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7235 CORAL WAY
 Suite, Apt. #, etc.
 206**

3. Mailing Address

**7235 CORAL WAY
 Suite, Apt. #, etc.
 206**

City & State

Miami FL

City & State

Miami FL

4. FEI Number

59-1395785

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CRESPO, ROBERT
 2750 S.W. 87 AVENUE
 #210
 MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

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

7235 CORAL WAY #206

City

Miami

FL

Zip Code

33155

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)

DATE

1/23/02

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, 2002 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 ☐ Delete
 NAME **PD CRESPO, ROBERT**
 STREET ADDRESS **2750 S.W. 87 AVE., #210**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME **VPSD FRAGA, LUCY**
 STREET ADDRESS **2750 S.W. 87 AVE., #210**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME **VPTD CRESPO, IVETTE**
 STREET ADDRESS **2750 SW 87 AVE 210**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7235 CORAL WAY #206**
 CITY-ST-ZIP **Miami FL 33155**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7235 CORAL WAY #206**
 CITY-ST-ZIP **Miami FL 33155**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **7235 CORAL WAY #206**
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TITLE ☐ Change ☐ Addition
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 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02

305 266-9113

CR2E034 (9/01)

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