FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am § Secretary of State DOCUMENT # 545029 1. Entity Name 04-22-2002 90326 031 ***150.00 J & W BUILDERS, INC. Principal Place of Business Mailing Address 1232 FERDINAND STREET 1232 FERDINAND STREET **CORAL GABLES FL 33134** CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 147 Alhambra Circle 147 Alhambra Circle Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 212 Suite 212 City & State City & State 4. FEI Number Applied For 59-2523694 Coral Gables, Not Applicable <u>Coral Gables</u> Ζip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 33134 Fee Required 331<u>3</u>4 M<u>iami-Dade</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON, RALPH K Street Address (P.O. Box Number is Not Acceptable) 1232 FERDINAND STREET CORAL GABLES FL 33134 ped entity submits this statement for the purpose of changing its registered office or registered agent, or botn, in the State of Florida. ril 10, 200 Z SIGNATURE e, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change FELIX, GIL FELIX, Gil NAME NAME 1232 FERDINAND STREET STREET ADDRESS STREET ADDRESS 147 Alhambra Circle Suite 212 CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP Coral Gables, Fl. 33134 TITLE TITLE Delete NAME AMAYAK XUISAFA NAME GLORIA DUOUE X0999XXXXXXX1638XXXXUIRX STREET ADDRESS 147 Alhambra Circle STREET ADDRESS Suite 212 CITY-ST-ZIP BRICE VA WARM CITY-ST-ZIP Coral GAbles, FL. Change ☐ Addition TITLE ☐ Delete TITLE WILSON, RALPH NAME NAME 1232 FERDINAND STREET STREET ADDRESS STREET ADDRESS CK CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME ķ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

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

April 10, 2002 305-266-6974

Date Dayline Phone #