

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 545029

1. Entity Name
J & W BUILDERS, INC.



FILED

03 JUN 17 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
147 ALHAMBRA CIRCLE
SUITE 212
CORAL GABLES, FL 33134

Mailing Address
147 ALHAMBRA CIRCLE
SUITE 212
CORAL GABLES, FL 33134



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
59-2523694

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

WILSON, RALPH K
1232 FERDINAND STREET
CORAL GABLES, FL 33134

Name
Wilson, Ralph K
Street Address (P.O. Box Number is Not Acceptable)
147 Alhambra Circle
Suite 212
City
Coral Gables FL Zip Code
33134

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

Ralph K. Wilson

06-09-03

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	FELIX, GIL	
STREET ADDRESS	147 ALHAMBRA CIRCLE M, SUITE 212	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VP	☒ Delete
NAME	BEHRENS, MARYALICE	
STREET ADDRESS	205 PALM AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☒ Change ☐ Addition
NAME	Wilson, Ralph K	
STREET ADDRESS	1232 Ferdinand Street	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	VP	☒ Change ☐ Addition
NAME	Alvarez, Jose	
STREET ADDRESS	6400 Miller Drive	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	Secretary, Treasurer	☐ Change ☒ Addition
NAME	Behrens, Mary Alice	
STREET ADDRESS	205 Palm Avenue	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-09-03

Date Daytime Phone #

CR2E034 (10/02)