## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 614668 1. Entity Name

## JOCA CORPORATION

3054 NW 23 TERR 3054 NW 23 TERR			
MIAMI FL 33142 MIAMI FL 33142-7004			
2. Principal Place of Business 3. Mailing Address			
Suite, Apt. #, etc. DO NOT WRITE IN	N THIS SPA	ACE	
City & State City & State 4. FEI Number 59-2017902			olied For Applicable
Zip Country Zip Country 5. Certificate of Status Desired		3.75 Add e Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Regis	stered Age	ent	
. Name			
CABRERA, JOSE A Street Address (P.O. Box Number is Not Acceptable)		<del></del>	
400 NW 63RD AVENUE MIAMI FL 33126			
City		Zip Code	
	FL		
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.	a.		
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SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)	DATE	=	
SIGNATURE			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible  FILE NOW!!! FEE IS \$150.00  10. Election Campaign Financial Control of the Control	ing _		May Be
SIGNATURE			May Be to Fees
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00  Trust Fund Contribution.	cing	Added	to Fees
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SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back)   After MAY 1, 2000 Fee will be \$550.00     Make Check Payable to Department of State	RS AND D	Added IRECTORS Change Change	to Fees IN 11 Addition Addition
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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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-80

Daytime Phone #

**FILED** 

Jan 27, 2000 8:00 am Secretary of State 01-27-2000 90006 017 \*\*\*150.00