

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 25 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 614668

1. Entity Name

JOCA Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3054 NW 23 Terrace

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33142

Country

Miami-Dade

Country

4. FEI Number

59-2017902

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Edelmiro Gonzalez

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

3054 NW 23 Terrace

City

Miami

FL

Zip Code

33142

DO NOT WRITE
IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

11-14-2002

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-STATE-ZIP
President/Secretary
Edelmiro Gonzalez
3054 NW 23 Terr
Miami, FL 33142

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V-P/Treasurer
Felicia Otero
3054 NW 23 Terr
Miami FL 33142

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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100000372001
12/05/02--01041--013 **\$61.25

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-2002 (305) 633-5120

Date

Daytime Phone #

CR2E034B (12/01)

02 12/2/02