

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0285129 AV

DOCUMENT # F72491

1. Entity Name
J.C.J. CONSTRUCTION CORPORATION



04-30-2003 90148 027 ***150.00

Principal Place of Business
400 SW 107 AVE.
408
MIAMI FL 33174
US

Mailing Address
400 SW 107 AVE.
408
MIAMI FL 33174
US

2. Principal Place of Business
9240 SW 72 ST

3. Mailing Address
same

Suite, Apt. #, etc.
#203

Suite, Apt. #, etc.

City & State
MIAMI - FL

City & State

4. FEI Number **59-2178843**

Applied For
Not Applicable

Zip
33173

Country
DADE

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, JORGE LUIS

400 SW 107 AVE - 9240 SW 72 STREET
STE. 108 #203
MIAMI FL 33174 MIAMI, FL 33173

Name

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

City

FL

Zip Code

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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE **4-28-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LOPEZ, JORGE LUIS**
STREET ADDRESS **400 SW. 107 AVE., #408**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

305-220-2345

Daytime Phone #

CR2E034 (10/02)