

2001 UNIFORM BUSINESS REPORT (UBR)

0179805

DOCUMENT # G35135

1. Entity Name

JESSLA CONSTRUCTION CORP.

FILED

02 MAR 18 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~8360 W FLAGLER ST #200~~

~~8360 W FLAGLER ST #200~~

~~MIAMI FL 33144~~

~~MIAMI FL 33144~~

2. Principal Place of Business

9758 S.W. 24 ST

Suite, Apt. #, etc.

3. Mailing Address

9758 S.W. 24 ST

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

Country

33165

USA

Zip

Country

33165

USA

4. FEI Number

59-2278402

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

LIMA, FELIX

~~8360 W FLAGLER ST #200~~

~~MIAMI FL 33144~~

Name

LIMA, FELIX

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

9758 S.W. 24 ST LOT

City

Miami

FL

Zip Code

33165

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

(NOTE: Registered Agent signature required when reinstating)

11/23/01

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LIMA, FELIX 8360 W FLAGLER ST., #201 MIAMI FL 33144	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIMA, ALAN L 8360 W FLAGLER ST., #201 MIAMI FL 33144	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OLIVEROS, JOSE L 8360 W FLAGLER ST., #201 MIAMI FL 33144	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adm 800.00	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ar Ar Supp 61.25 88.75	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Secretary Felix Lima 9758 S.W. 24 ST Miami, Florida 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800005315868--1 -04/22/02--01133--007 ****400.00 ****400.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800005315868--1 -04/22/02--01133--008 ****550.00 ****550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-554-7425

11/23/01

CR2E034 (10/00)