

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H81745

1. Entity Name

J.R.C.D., INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90119 001 \*\*\*\*\*8.75

04-12-2000 90119 002 \*\*\*150.00

Principal Place of Business

Mailing Address

100 NORTH BISCAYNE BOULEVARD  
SUITE 1707  
MIAMI FL 33131

100 NORTH BISCAYNE BOULEVARD  
SUITE 1707  
MIAMI FL 33131-2021

2. Principal Place of Business

127-00 BISCAY BLVD

3. Mailing Address

Suite, Apt. #, etc.

305 B

Suite, Apt. #, etc.

City & State

North Miami Florida

City & State

Zip

Country

Zip

Country

33181

USA

4. FEI Number

59-2702247

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERGER, DAVID S  
100 N. BISCAYNE BLVD.  
STE. 1707  
MIAMI FL 33132

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.

SIGNATURE

DAVID BERGER

04-07-00

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	VT	<input type="checkbox"/> Delete
NAME	ROMERO, JUAN	
STREET ADDRESS	100 N BISCAYNE BLVD#1707	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROMERO, JUAN	
STREET ADDRESS	100 N BISCAYNE BLVD#1707	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ROMERO, JUAN	
STREET ADDRESS	100 N BISCAYNE BLVD 1707	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROMERO, JUAN	
STREET ADDRESS	100 N BISCAYNE BLVD 1707	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

04-07-00

Date

305 899 0344

Daytime Phone #