

# 2001 UNIFORM BUSINESS REPORT (UBR)

CR2E083 (11/00)

DOCUMENT # L00000000198

1. Entity Name

JOSA DEVELOPMENT, L.C.

FILED

01 APR 16 PM 3: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10777 SW 60 AVENUE  
PINECREST FL 33156

Mailing Address

10777 SW 60 AVENUE  
PINECREST FL 33156

2. Principal Place of Business

2100 W. 76 STREET

3. Mailing Address

2100 W. 76 STREET

Suite, Apt. #, etc.

SUITE 310

Suite, Apt. #, etc.

SUITE 310

City & State

HAIALEAH, FL

City & State

HAIALEAH, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

4. FEI Number

65-0973989

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASTRO, ALBERTO  
1200 BRICKELL AVE.  
SUITE 1440  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 X

*Eduardo L. Abril*  
EDUARDO L. ABRIL

4-10-01

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

600004035926--1  
-04/20/01--01086--019  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CAC INTERNATIONAL CORP  
1200 BRICKELL AVE., SUITE 1440  
MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ABRIL, EDUARDO L  
10777 SW 60 AVENUE  
PINECREST FL 33156 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CASTRO, CARLOS A  
1200 BRICKELL AVENUE, SUITE 1440  
MIAMI FL 33131 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

*Eduardo L. Abril*  
EDUARDO L. ABRIL 4-10-01 786-236-8606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #