

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000004477

1. Entity Name
JAC GROUP, L.C.

FILED

01 APR 16 AM 3:28

SECRETARY OF STATE



Principal Place of Business
2525 S.W. 27TH AVENUE
MIAMI FL 33133

Mailing Address
2525 S.W. 27TH AVENUE
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1002674

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FONSECA, EFRAIN
2525 S.W. 27TH AVENUE
MIAMI FL 33133

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

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*****\$5.00 *****\$5.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HGR
EFRAIN FONSECA
2525 S.W. 27TH AVE
MIAMI, FL 33133

☐ Delete

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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

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

EFRAIN FONSECA

Date

Daytime Phone #

03-05-01 305 255 7795

CR2E083 (11/00)