

**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90050 004 \*\*\*\*50.00

DOCUMENT # L02000016640

1. Entity Name

J. A. &amp; G. A. INVESTMENTS, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4971 N UNIVERSITY DROVE

Suite, Apt. #, etc.

14 A

City & State  
LAUDERHILL, FLZip  
33351Country  
U.S.A.

3. Mailing Address

4971 N UNIVERSITY DROVE

Suite, Apt. #, etc.

14 A

City & State  
LAUDERHILL, FLZip  
33351Country  
U.S.A.

4. FEI Number

33-1014729

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name - Diego Montesdeoca

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

4971 N University Dr., Suite 14 A

City Lauderhill

FL

Zip Code  
33351**DO NOT WRITE  
IN THIS SPACE**

6. 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 typed or printed name of registered agent and intent applicable

08/27/2003

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM	JAIME ACEVEDO	10688 NW 16th Court, Plantation, FL 33322

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM	GUILLERMO ALZATE	4971 N University Drive, Lauderhill, FL 33351

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Jaime Acevedo*

08-27-2003