## 2003 FOR PROFIT CORPORATION

Mailing Address

988 NW 114 AVE

3. Mailing Address

City & State

Suite, Apt. #, etc.

CORAL SPRINGS FL 33071

## **UNIFORM BUSINESS REPORT (UBR)** L23732 DOCUMENT #

1. Entity Name

Principal Place of Business

CORAL SPRINGS FL 33071

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

988 NW 114TH AVE

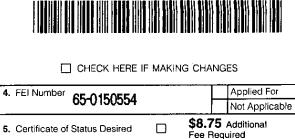
JMC CONSTRUCTION SERVICES, INC.



**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90203 047 \*\*\*150.00

COCHOCOC



Zip	Country	Zip	Cour	ntry	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					
				Name	•					
988 NW 114	-•			Street Addr	ess (P.O. Box Number is Not Acceptable	)				
CORAL SPRI	INGS FL 33071									
				City			Zip Code			
, the obligation	amed entity submits this statement for this of registered agent.  gnature, typed or printed name of registered agent and				gistered agent, or both, in the State of Flo	nda. ∓ar DATE				
After M	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of \$	State			9. Election Campaign Fin Trust Fund Contribution	_	\$5.00 May Be Added to Fees			
0. OFFICERS AND DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
ITLE <b>D</b> '	VΤ	☐ Delete	TITL	E			☐ Change ☐ Addition			

Make Check	Payable to Florida Department of State						
10.	OFFICERS AND DIRECTO	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CUTZ, ROBERTO 25 SE 2ND AVE #220 MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Y LANIADO, ELLIS B. 25 SE 2ND AVE #220 MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	• <del>-</del> •.	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second		° □ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition

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 10 or Block 11 if changed, or on an attachment with ap address, with all other ke empowered.

CITY-ST-ZIP

CITY-ST-ZIP