## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 21, 2001 8:00 am Secretary of State **DOCUMENT # M39470** 1. Entity Name J.N. CONSTRUCTION OF MIAMI, INC. 02-21-2001 90059 022 \*\*\*150.00 Principal Place of Business Mailing Address C/O JOAQUIN NUNEI C/O JOAQUIN NUNE! 9931 SW 38TH STREET 9931 SW 38TH STREET MIAMI FL 33165 MIAM! FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2730014 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NUNEZ, JOAQUIN Street Address (P.O. Box Number is Not Acceptable) 9931 S.W. 38TH ST. **MIAMI FL 33165** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition PTD ☐ Delete TITLE TITLE NUNEZ. JOAQUIN NAME NAME 9931 S.W. 38TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition VSD ☐ Delete TITLE TITLE NUNEZ, JOAQUIN, JR. NAME NAME 9931 S.W. 38TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 leptal 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 refustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if an address, with all other like empowered. 13. I hereby certify that the information indicated on this report or suppler of the corporation or the receiver changed, or on an attachment w

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR