

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**03-07-2000 90171 001 \*\*\*\*\*8.75  
03-07-2000 90171 002 \*\*\*150.00**DOCUMENT # M53786**

1. Entity Name

**J.V. CONSTRUCTION CORP.**

Principal Place of Business

Mailing Address

**7035 S.W. 47TH ST.  
STE E  
MIAMI FL 33155****7035 S.W. 47TH ST.  
STE E  
MIAMI FL 33155-4626****10647**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0105929**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

City

**FL**

Zip Code

**COFINO, PEDRO A. ESQ.  
407 LINCOLN RD.  
STE. #2B  
MIAMI BEACH FL 33139**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>VEGA, JOSE A.</b>	
STREET ADDRESS	<b>7035 S.W. 47TH ST., #E</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>YB</b>	<input type="checkbox"/> Delete
NAME	<b>LIMA Carlos</b>	
STREET ADDRESS	<b>7035 SW 47 St. #E</b>	
CITY-ST-ZIP	<b>Miami FL 33155</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JOSE VEGA****2/4/00****(305) 7979**