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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
03-14-2001 90487 004 ****65.00

DOCUMENT # N00000004917

1. Entity Name

J AND C, EDUCATIONAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
390 CHURCHILL RD WEST PALM BEACH FL 33405	390 CHURCHILL RD WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

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 65-1045474 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ALAS~~
~~ALAS~~, CARLOS E
390 CHURCHILL RD
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name CARLOS E. HERNANDEZ ALAS

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

390 CHURCHILL RD

City WPB FL Zip Code 33405

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 Carlos E. Alas Carlos E. Hernandez Alas 02/12/01 02/23/01
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CARLOS E. HERNANDEZ ALAS 390 CHURCHILL RD WPB FL 33405 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE JORGE S. HERNANDEZ 1019 N.C STREET LAKE WORTH, FL 33460 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RAY LINVILLE, ~~TREASURER~~ 390 CHURCHILL RD WPB FL 33405 ☐ 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 / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos E. Alas 02/13/01 561 547 3328
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #

Carlos E. Hernandez Alas 2/23/01