

2002 UNIFORM BUSINESS REPORT (UBR)

0271397 AV

DOCUMENT # P00000021894

1. Entity Name
JCF SUPPLY INTERNATIONAL INC.

FILED

02 APR 22 PM 1:14

Principal Place of Business
9351 FOUNTAINBLEAU BLVD., SUITE B226
MIAMI FL 33172

Mailing Address
9351 FOUNTAINBLEAU BLVD., SUITE B226
MIAMI FL 33172

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
7217 NW 4th St.
Suite, Apt. #, etc.

3. Mailing Address
9351 Fountainbleau Blvd Suite B226
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number 65-1005593

Applied For
Not Applicable

Zip 33146 Country USA

Zip 33172 Country USA

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

6. Name and Address of Current Registered Agent
TORRES, NANCY A
9351 FOUNTAINBLEAU BLVD., SUITE B226
MIAMI FL 33172

7. Name and Address of New Registered Agent
Name Freddy Gilbornoz
Street Address (P.O. Box Number is Not Acceptable)
7217 Northwest 4th Street
City Miami FL Zip Code 33146

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 04/19/2002

Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'GREGORIO, FRANK R		NAME	Freddy Gilbornoz	
STREET ADDRESS	9351 FOUNTAINBLANCE BLVD. #226 B		STREET ADDRESS	7217 NW 4th St	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	Miami, FL 33146	
TITLE		<input type="checkbox"/> Delete	TITLE	600005482428	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	-05/07/02--01097--003	
STREET ADDRESS			STREET ADDRESS	****150.00 ****150.00	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: DATE 04/19/2002 786-295-4741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)