5/1

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92208 044 ***150.00

DOCUMENT # P00000022602

1. Entity Name
JARJ CONSTRUCTION CORPORATION

Principal Place of Business
625 SOUTHWEST 82ND AVENUE
MIAMI FL 33144

Mailing Address
625 SOUTHWEST 82ND AVENUE
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 250 Cathlonia Ave.
Suite, Apt. #, etc.: Suite # 503
City & State: Coral Gables Fla.
Zip: 33134
Country:

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

4. FEI Number: 65-0989576 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RODRIGUEZ, JUANITA
625 SOUTHWEST 82ND AVENUE
MIAMI FL 33144

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

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, 2001 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: PTD NAME: RODRIQUEZ, JUAN A STREET ADDRESS: 625 SOUTHWEST 82ND AVENUE CITY-ST-ZIP: MIAMI FL 33144	☐ Delete	TITLE: VICE PTS NAME: Jose Alvarez STREET ADDRESS: 5200 SW 8 St #112 CITY-ST-ZIP: Coral Gables, Florida 33134	☐ Change ☒ Addition
TITLE: SD NAME: RODRIQUEZ, ONDINA STREET ADDRESS: 625 SOUTHWEST 82ND AVENUE CITY-ST-ZIP: MIAMI FL 33144	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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CR2E034 (10/00)

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] 4/25/01 (305) 444-4595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature] 4/25/03 (305) 444-4595