

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000028843

1. Entity Name

J A C A F CORPORATION

**FILED**

02 APR 11 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
618 NW 12 AVE

Suite, Apt. #, etc.

3. Mailing Address  
4691 NW 9 th

Suite, Apt. #, etc.  
#A-105

City & State  
MIAMI FL

FL

City & State  
MIAMI FL

FL

4. FEI Number  
04-361-3790

Applied For  
Not Applicable

Zip  
33136

Country  
USA

Zip  
33126

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
ARTHUR MCGUIRE

Street Address (P.O. Box Number is Not Acceptable)  
4691 NW 9th A-105

City  
MIAMI

FL

Zip Code  
33126

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOT: Registered Agent signature required when resigning)

DATE

04/10/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
(P/D) PORFIRIO MILLA  
4691 NW 9th A-105  
MIAMI, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

400005419764-1  
-05/02/02--01020--015  
\*\*\*\*150.00 \*\*\*\*150.00

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/02

Date

Daytime Phone #