FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am [§] Secretary of State DOCUMENT # P0000054746 05-15-2001 90063 036 ***150.00 J.J. INTERNATIONAL CONTRACTOR INC. Principal Place of Business Mailing Address 10224 DYLAN STREET #120 10224 DYLAN STREET.#120 ORLANDO FL 32825 ORLANDO FL 32825 2. Principal Place of Business 3. Mailing Address 10-224, Dyern ORLANDO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For BRLANDO OFTENDO 59 365 1174 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32828 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACHADO, JACQUES Street Address (P.O. Box Number is Not Acceptable) 10224 DYLAN STREET,#120 ORLANDO FL 32825 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. SD ☐ Addition TITLE ☐ Delete MACHADO, JACQUES NAME NAME STREET ADDRESS 10224 DYLAN STREET,#120 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 Change Addition ☐ Delete TITLE TITLE RODRIGUEZ, JOSE NAME NAME STREET ADDRESS 2029 GARWOOD DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

05/01/01 (407) 207 35 45
Date Dayline Phone #

Addition

Change