

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 30 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060264  
1. Entity Name  
*Florida J & C Corporation*

Principal Place of Business  
*1882 N.W. 21st  
MIA-FL 33142*

Mailing Address  
*15933 S.W. 43rd  
MIA-FL 33185*

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
*65-1018465*

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
*Jairo Echeverry  
15933 S.W. 43rd  
MIA-FL 33185*

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
*000005550070-3*  
*-05/17/02--01031--006-*  
City *\*\*\*150.00 FL*

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 *Jairo Echeverry* DATE *04-19-02*  
(NOTE: Registered Agent signature required when completing)

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		
TITLE <i>President</i>	<input type="checkbox"/> Delete	
NAME <i>Jairo Echeverry</i>		
STREET ADDRESS <i>15933 S.W. 43rd</i>		
CITY-ST-ZIP <i>MIA-FL 33185</i>		
TITLE <i>Secretary</i>	<input type="checkbox"/> Delete	
NAME <i>Dagoberto Sierra</i>		
STREET ADDRESS <i>1882 N.W. 21st</i>		
CITY-ST-ZIP <i>Miami-FL 33142</i>		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Subchapter 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12. (Applicable only on statements with an address, with or without the endorsement)