

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90101 014 \*\*\*150.00

**DOCUMENT # P0000077506**

1. Entity Name  
**3 J.A. CORP.**

Principal Place of Business

**4229 N.W. 4TH STREET  
 MIAMI FL 33126**

Mailing Address

**4229 N.W. 4TH STREET  
 MIAMI FL 33126**

2. Principal Place of Business

**2600 HERNANDO ST**

Suite, Apt. #, etc.

**LOWER UNIT**

City & State

**CORAL GABLES FL.**

Zip

**33134**

Country

**U.S.A.**

3. Mailing Address

**2600 HERNANDO ST**

Suite, Apt. #, etc.

**LOWER UNIT**

City & State

**CORAL GABLES FL.**

Zip

**33134**

Country

**U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**45-1035077**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ZAMUDIO, JAIME  
 19 SANTILLANE AV.  
 CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 re-registering)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAMA, JOSE E	
STREET ADDRESS	4229 N.W. 4TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SPECHT, JOSE L	
STREET ADDRESS	1775 N. ANDREWS SQ. #201 W	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZAMUDIO, JAIME	
STREET ADDRESS	1775 N. ANDREWS SQ. #201 W	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMA, JOSE E	
STREET ADDRESS	2600 HERNANDO ST	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMUDIO, JAIME	
STREET ADDRESS	2600 HERNANDO ST	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, ALEJANDRO C.	
STREET ADDRESS	815 VALENCIA AVE. #16	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)