

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90029 005 ***150.00

DOCUMENT # P00000077761

1. Entity Name

ALFA AMERICA J&C CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16845 SW 90 TERR

Suite, Apt. #, etc.

3. Mailing Address

16845 SW 90 TERR

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1032600

Applied For

Not Applicable

Zip

33196

Country

USA

Zip

33196

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

447096

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JUSSIE CAROL VASQUEZ

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

16845 SW 90 TERR.

City

Miami

FL

Zip Code

33196

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

3/6/02

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
PSD
JUSSIE CAROL VASQUEZ
16845 SW 90 TERR.
MIAMI, FL 33196

TITLE
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**DO NOT WRITE
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JUSSIE CAROL VASQUEZ

3/6/02

(305)3829778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #