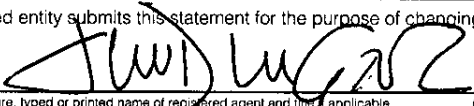


# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90619 040 \*\*\*150.00

0085377 AV

<b>DOCUMENT # P00000115099</b>			
1. Entity Name <b>J.M. ENGINEERING &amp; CONSTRUCTION, CORP.</b>			
Principal Place of Business <b>1004 BEARDED OAKS LONGWOOD FL 32779</b>		Mailing Address <b>1004 BEARDED OAKS LONGWOOD FL 32779</b>	
2. Principal Place of Business <b>714 Bald Cypress Rd</b>		3. Mailing Address <b>714 Bald Cypress Rd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Weston FL</b>		City & State <b>Weston FL</b>	
Zip <b>33327</b>	Country <b>Broward</b>	Zip <b>33327</b>	Country <b>Broward</b>
6. Name and Address of Current Registered Agent  <b>GONZALEZ, JUAN DAVID 1004 BEARDED OAKS LONGWOOD FL 32779</b>		7. Name and Address of New Registered Agent Name <b>Gonzalez, Juan David</b> Street Address (P.O. Box Number is Not Acceptable) <b>714 Bald Cypress Rd.</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33327</b>	
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  DATE <b>1/24/02</b> <small>Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GONZALEZ, JUAN DAVID</b> <b>1004 BEARDED OAKS</b> <b>LONGWOOD FL 32779</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Gonzalez, Juan David</b> <b>714 Bald Cypress Rd.</b> <b>Weston, FL 33327</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>NINO, MARTHA LUCIA</b> <b>1004 BEARDED OAKS</b> <b>LONGWOOD FL 32779</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>NINO, Martha Lucia</b> <b>714 Bald Cypress Rd.</b> <b>Weston, FL 33327</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CHAVES, CARLOS ALBERTO</b> <b>1004 BEARDED OAKS</b> <b>LONGWOOD FL 32779</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MARTHA LUCIA NINO</b> <b>714 Bald Cypress Rd.</b> <b>Weston, FL 33327</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



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 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

**1/24/02.**

Date

Daytime Phone #

CR2E034 (9/01)