

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90108 011 ***150.00

DOCUMENT # P01000011484

1. Entity Name
J.C.A.B. OF MIAMI CORPORATION

Principal Place of Business

**3852 S.W. 145 AVENUE
 MIAMI FL 33175**

Mailing Address

**3852 S.W. 145 AVENUE
 MIAMI FL 33175**



2. Principal Place of Business

2656 SW 31 COURT

Suite, Apt. #, etc.

3. Mailing Address

2656 SW 31 COURT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIA - FLORIDA

City & State

MIA - FLORIDA

4. FEI Number

05-1074098

Applied For

Not Applicable

Zip

33133

Country

DADE

Zip

33133

Country

DADE

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VARGAS, MAIRELA
 3852 S.W. 145 AVENUE
 MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name **JUAN CARLOS BARRERA**

Street Address (P.O. Box Number is Not Acceptable)
2656 SW 31 COURT

City **MIAMI-**

FL

Zip Code **33133**

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

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, 2002 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** ☒ Delete
 NAME **VARGAS, MAIRELA**
 STREET ADDRESS **3852 S.W. 145 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD.** ☒ Change ☐ Addition
 NAME **JUAN-CARLOS BARRERA**
 STREET ADDRESS **2656 S.W. 31 COURT**
 CITY-ST-ZIP **MIAMI - FL. 33133**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 NAME
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 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]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT (305) 905-8258
 Date Daytime Phone #

CR2E034 (9/01)