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FILED

May 01, 2002 8:00 am  
Secretary of State

04-01-2002 90168 008 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000017221

1. Entity Name

J.C. INTERNATIONAL CONSULTANTS, INC.

Principal Place of Business

~~8110 SW 73RD AVENUE,~~  
~~STE 3~~  
~~MIAMI FL 33143~~

Mailing Address

~~8110 SW 73RD AVENUE~~  
~~STE 3~~  
~~MIAMI FL 33143~~

2. Principal Place of Business

1662 NW 144 WAY

3. Mailing Address

P.O. Box 824054

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City &amp; State

Pembroke Pines, FL

City &amp; State

Pembroke Pines, FL

4. FEI Number

65-1082104

Applied For

Not Applicable

Zip

33028

Country

USA

Zip

33022

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

1662 NW 144 WAY

City

Pembroke Pines

FL

Zip Code

33028

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 D  
NAME LUEDDEKE, JUAN C  
STREET ADDRESS 8110 SW 73RD AVENUE  
CITY-ST-ZIP MIAMI FL 33143 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN C. LUEDDEKE

4-18-02

305 298 9046

Date

Daytime Phone

CR2E034 (9/01)