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2002 Uniform Business Report (UBR)

May 01, 2002 8:00 am Secretary of State **DOCUMENT #** P01000017221 04-01-2002 90168 008 ***150.00 J.C. INTERNATIONAL CONSULTANTS, INC. Principal Place of Business Mailing Address 8110 SW 73RD AVENUE, -8110 SW 73RD AVENUE 7 STE 3 STE 3 MIAMI FL 33140 MIAMI FL 33143 2, Principal Place of Business 3. Mailing Address 824054 1662 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State DEMBCAGE 4. FEI Number Applied For PEMBROHE 65-1082104 \$8.75 Additional 3308X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -LEUDDEKE, JUAN C-Street Address (P.O. Box Number is Not Acceptable) -8110 SW 73RD AVENUE -STE 3 MIAMI FL 33143. 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 algorature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE (9/03 Change ☐ Addition LUEDDEKE, JUAN C NAME NAME STREET ADDRESS 8110 SW 73RU AVENUE P.O. BOK \$2 4054 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33143 CITY-ST-ZIP PEMBRAKE TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-2iP TITLE TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP= CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: