

04/28/2003 15:42 3058842875

ALBA ACCOUNTING SE

FILED

03 JUN 19 AM 10:46

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90128973

DOCUMENT # P010000549601. Entity Name
JRC INTERNATIONAL SUPPLY, INC.Principal Place of Business
4311 NW 79 AVE
6-F
MIAMI, FL 33166Mailing Address
4311 NW 79 AVE
6-F
MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

65-1117055

Applying For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$3.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHICUITO, JOSE R
11411 NW 60 ST
#273
MIAMI, FL 33178

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, public entity name of registered agent and date if applicable.

Public Registered Agent's name required when changing.

DATE

9. Election Campaign Financing
Trust Fund Contribution: ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHICUITO, JOSE R
11411 NW 60 ST #273
MIAMI, FL 33178☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4000210038
06/19/03--0000000000☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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 Book 10 or Book 11 if changed, or on an attachment thereto, with all other like empowered.

SIGNATURE:

Signature, public entity name of registered agent and date if applicable.

04-29-03

Date

Signature Please

4000210038
06/19/03--0000000000
\$150.00

26119