

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

04-17-2002 90086 030 ***150.00

DOCUMENT # P01000059634

1. Entity Name
JAIMIE LOERA CONTRACTING CO. INC

Principal Place of Business

14311 S.W. 288TH STREET
 HOMESTEAD FL 33033

Mailing Address

14311 S.W. 288TH STREET
 HOMESTEAD FL 33033

00277



14311 SW 288 ST 14311 SW 288 ST

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

HOMESTEAD FLA.

Suite, Apt. #, etc.

HOMESTEAD FLA

City & State

City & State

DO NOT WRITE IN THIS SPACE

65117466

4. FEI Number

Applied For

Not Applicable

Zip **33033**

Country **USA**

Zip **33033**

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

DELALLA, JAMES

1170 HILLSBORO MILE

SUITE 101

HILLSBORO BEACH FL 33062

Name

Jaimie Loera

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

14311 SW 288 ST

HOMESTEAD FLA.

City

FL

Zip Code

33033

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 *Jaimie Loera*

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **LOERA, JAIMIE**
 CITY-ST-ZIP **14311 S.W. 288TH STREET**
HOMESTEAD FL 33033

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

TITLE ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *Jaimie Loera* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/02/02

954-520-0849

CR2E034 (4/02)