

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P 01000062820*

1. Entity Name

J & R CARRIERS, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8770 SW 72 ST

Suite, Apt. #, etc.

#165

City & State

Miami, FL

Zip

33173

Country

U.S.A.

3. Mailing Address

8770 SW 72 ST

Suite, Apt. #, etc.

#165

City & State

Miami, FL

Zip

33173

Country

U.S.A.

4. FEI Number

65-1118156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JUAN C MEDEROS

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

8770 SW 72 ST #165

City

Miami

FL

Zip Code

33173

**DO NOT WRITE
IN THIS SPACE**

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

JUAN C. MEDEROS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature *[Signature]* must be translating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

1. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*President
JUAN C. MEDEROS
8770 SW 72 ST #165
Miami, FL, 33173*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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3. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 778-9867

DATE: 11-21-02

FL. DEPARTMENT OF STATE
ANNUAL REPORT

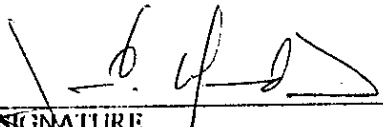
PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY

CORPORATION J & R CARRIER, Inc

DOCUMENT # PO10000 62820

NEVER RECEIVED THE ANNUAL REPORT THIS YEAR. PLEASE ACCEPT OUR
PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE
REPORT.

THANKING YOU IN ADVANCE



SIGNATURE

Juan P. Mederos President
PRINT NAME/ TITLE