FILED

Feb 19, 2003 8:00 am Secretary of State

02-19-2003 90016 048 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P01000077942

1. Entity Name

J & J TEQ III, CORP.



Principal Place of Business

Mailing Address

CORAL GABLES FL 33146 2. Principal Place of Business		1500 SAN REMO AVE STE 177 CORAL GABLES FL 33146 3. Mailing Address			Alf Adica Parki Arkir da	11) (40 11 26 414 £	1 111 01010 1101 2001
Suite, A	pt. #, etc.	Suite, Apt. #, etc.					
		Suite, Apr. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		A FELD			
Zip	Country			65-11	00-112/435 FABRICAT		Not Applicable
,		Zip	Country	5. Certificate of Status I	Desired	\$8.75	Additional
	6. Name and Address of Current Registered Agent			7. Name and Address	of New Registers	Fee Requ	rired
BARED	PABLO R		Name		- Tour Hogistere	a Agent	
	N REMO AVE STE 177		Street Addr	ess (P.O. Box Number is Not Ac	rentable)	——.	
	GABLES FL 33146				ceptable)		
			City		F	Zip C	ode
8. The above	ve named entity submits this statement for ations of registered agent.	the purpose of changing i	ts registered office or reg	istered agent, or both, in the Sta	ete of Florida Los	n formilia a contra	
(ric oblig	ations of registered agent.		~		ne or rionua. Tar	ıı ıarımar wit	n, and accept
SIGNATURE	Signature, typed or printed name of registered agent a						
		nd title if applicable. (NC	TE: Registered Agent signature re	quired when reinstating)	DATE		
Δή	FILE-NOW!!!- FEE-IS-\$150.00 er May 1, 2003 Fee will be \$550.00			0 5/			
Make Chec	ck Payable to Florida Department of	State		9. Election Camp Trust Fund Cor		□ \$5.	.00 May Be ed to Fees
10.	OFFICERS AND D		11,	ADDITIONS (SHANGES)			
TITLE	D	☐ Delete	TITLE	ADDITIONS/CHANGES	TO OFFICERS AN		
NAME STREET ADDRESS	BLANCO, JUAN P 1500 SAN REMO AVE STE 177		NAME			Change	Addition
CITY-ST-ZIP 6	CORAL GABLES FL 33146		STREET ADDRESS		•		
TITLE -	D		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
NAME	GARCIA, JOSE A	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	1500 SAN REMO AVE STE 177		STREET ADDRESS				ł
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP				
TITLE NAME	* .	☐ Delete	TITLE			Change	Addition
STREET ADDRESS	i ·		NAME			L Onlarige	Addition
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	- ₽				
NAME		L Detete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	÷		STREET ADDRESS				
	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE	<u> </u>		☐ Change	☐ Addition
STREET ADDRESS			NAME			onlings	LI Addition
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		□ Delete	TITLE				
NAME		Delete	NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
			CITY Of TIP				l l

12. 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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7000066000