FILED
Jul 04, 2002 8:00 am
Secretary of State
07-04-2002 90562 040 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Document # P01000107646
J&C Pro Landscaping Corp.

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P.O. Box 650123		P.O. Box 650123			
Miami, Fl.		Miami, Fl.		65-1151331	
33265	Dade.	33265	Dade.	☐ $8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

Name: Angela Aguiraga.
Street Address (P.O. Box Number is Not Acceptable): 14700 SW 80th St.
City: Miami FL Zip Code: 33193.

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: Angela Aguiraga 6/27/02.
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) ☐	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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Juan Carlos Hernandez. P.O. Box 650123 Miami, Fl. 33265	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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

SIGNATURE: Juan Hernandez 6/29/02. ~~305~~ 786-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #