

# 2002 UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90058 044 \*\*\*150.00

**DOCUMENT # P01000112352**

1. Entity Name

JC & JG INVESTMENT, INC.

Principal Place of Business

P O BOX 170107  
HIALEAH FL 33017

Mailing Address

P O BOX 170107  
HIALEAH FL 33017

24229

2. Principal Place of Business

8001 NW 37 Ave

3. Mailing Address

8001 NW 37 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami

City & State

Miami

4. FEI Number

2600 25148

Applied For

Not Applicable

Zip

33147

Country

USA

Zip

33147

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHAVEZ, GERARD

8001 NW 37 AVE

MIAMI FL 33147

7. Name and Address of New Registered Agent

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.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

3-9-02

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

TITLE NAME ☐ Delete  
Gerardo Chavez  
STREET ADDRESS 8001 NW 37 Ave - president  
CITY-ST-ZIP Miami, FL 33147

TITLE NAME ☐ Delete  
Gerardo Chavez  
STREET ADDRESS Vice-President  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
Gerardo Chavez  
STREET ADDRESS secretary  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
Gerardo Chavez  
STREET ADDRESS treasurer  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/02

CR2E034 (9/01)