

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90219 014 \*\*\*150.00

**DOCUMENT # P02000009401**

**1. Entity Name**  
**NCJR CONSTRUCTION CORPORATION**



**Principal Place of Business**  
**18721 NE 3RD COURT STE. 312**  
**NORTH MIAMI BEACH FL 33179**

**Mailing Address**  
**18721 NE 3RD COURT STE. 312**  
**NORTH MIAMI BEACH FL 33179**

**2. Principal Place of Business**  
**18721 NE 3 Ct**

**3. Mailing Address**  
**18721 NE 3 Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**307**

**307**

**City & State**  
**N. Miami Beach FL**

**City & State**  
**N. Miami Beach FL**

**Zip**  
**33179**

**Country**  
**USA**

**Zip**  
**33179**

**Country**  
**USA**

**4. FEI Number**  
**03-0380885**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**NEWBY, LEONIE GEORGIA**  
**18721 NE 3RD COURT STE. 312**  
**NORTH MIAMI BEACH FL 33179**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003, Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **NEWBY, LEONIE GEORGIA**  
**STREET ADDRESS** **18721 NE 3RD COURT STE. 312**  
**CITY-ST-ZIP** **NORTH MIAMI BEACH FL 33179**

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

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:** *Leonie Georgia Newby President* **1-13-03 (305) 653-9407**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)