

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90183 035 ***550.00

DOCUMENT # P02000045934

1. Entity Name

J.D.A. SPECIALIZED TECHNICAL SERVICES INC.



Principal Place of Business

11177 SW 8TH STREET #102
PEMBROKE PINES FL 33025

Mailing Address

11177 SW 8TH STREET #102
PEMBROKE PINES FL 33025

2. Principal Place of Business

6540 NW 114TH AVE

3. Mailing Address

6540 NW 114TH AVE

Suite, Apt. #, etc.

1437

Suite, Apt. #, etc.

1437

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33178

Country

Zip

33178

Country

4. FEI Number

02-0591507

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

VIVAS, PEGGY

3800 NE 168TH STREET, #41-D
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

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

6540 NW 114TH AVE # 1437

City

MIAMI

FL

Zip Code

33178

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]

8-18-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 *P.D.*
NAME *PEGGY VIVAS*
STREET ADDRESS *6540 NW 114TH AVENUE # 1437*
CITY-ST-ZIP *MIAMI FL 33178*

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-03

Date

Daytime Phone #

CR2E034 (4/03)