## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

P02000086101 DOCUMENT #



## **FILED** May 01, 2003 8:00 am & Secretary of State

| 1. Entity Nam JC FLEET                                                                                                                                                                                                      |                                                        | CORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                                                                       |                                                                                                                                                                   |                                             | 05-01-2003 90775 041 ***150.00                           |                                   |                                            |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------|-----------------------------------|--------------------------------------------|-----------------|
| Principal Plac<br>3500 JACKSON<br>HOLLYWOOD                                                                                                                                                                                 | N ST #205                                              | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mailing Address<br>3500 JACKSON ST., #205<br>HOLLYWOOD FL 33021 |                                                                                       |                                                                                                                                                                   |                                             |                                                          | Um (Al) S Sills (Al)              | SISI was Indi                              |                 |
|                                                                                                                                                                                                                             |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                                                                       |                                                                                                                                                                   |                                             |                                                          |                                   |                                            |                 |
| 2. Principal Place of Business                                                                                                                                                                                              |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3. Mailing Address                                              |                                                                                       |                                                                                                                                                                   |                                             |                                                          |                                   |                                            |                 |
| Suite, Apt. #, etc.                                                                                                                                                                                                         |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Suite, Apt. #, etc.                                             |                                                                                       |                                                                                                                                                                   |                                             | CHECK HERE IF MAKING CHANGES                             |                                   |                                            |                 |
| City & State                                                                                                                                                                                                                |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | City & State                                                    |                                                                                       |                                                                                                                                                                   | <b>4</b> . F                                | <b>2</b> 2 - 3864470                                     | <del></del>                       | pplied For<br>ot Applicable                |                 |
| Zip                                                                                                                                                                                                                         | <i>*</i>                                               | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Zip                                                             | Co                                                                                    | untry                                                                                                                                                             | 5. (                                        | Certificate of Status Desired                            | \$8.75 Add<br>Fee Require         |                                            |                 |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                             |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                                                                       |                                                                                                                                                                   | 7. Name and Address of New Registered Agent |                                                          |                                   |                                            |                 |
| DUDDICI IE                                                                                                                                                                                                                  | 57 IOSE                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                                                                       | Name A                                                                                                                                                            | rdi la                                      | i Jairo                                                  |                                   |                                            |                 |
| RODRIGUEZ, JOSE<br>3500 JACKSON ST., #205                                                                                                                                                                                   |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                                                                       | Street Addres                                                                                                                                                     | ddress (P.O. Box Number is Not Acceditable) |                                                          |                                   |                                            |                 |
| 3900 JACKSON 51., #205<br>HOLLYWOOD FL 33021                                                                                                                                                                                |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                                                                       | 3200                                                                                                                                                              | <u> 190</u>                                 | Kson St # 205                                            |                                   | <del></del>                                |                 |
| 110[[1110                                                                                                                                                                                                                   | OD 1 L 000                                             | - 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 |                                                                                       |                                                                                                                                                                   |                                             |                                                          |                                   |                                            | ļ               |
|                                                                                                                                                                                                                             |                                                        | <i>[ [ ]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                                       | City Hol                                                                                                                                                          | llywoo                                      | ال،                                                      | Zip Code                          | ° 33021                                    | ļ               |
|                                                                                                                                                                                                                             |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | for the purpose of chan                                         | ging its regist                                                                       | ered office or regis                                                                                                                                              | stered age                                  | ent, or both, in the State of Florida. I a               | am familiar with,                 | and accept                                 |                 |
| the obligat                                                                                                                                                                                                                 | lonş ol regist                                         | ered agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 |                                                                                       |                                                                                                                                                                   |                                             | 0.4                                                      | 20 02                             |                                            |                 |
| SIGNATURE 1                                                                                                                                                                                                                 | Signature typed                                        | or printed happe diregistered ager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nt and title if applicable                                      | (NOTE: Pogiet                                                                         | tered Agent signature requ                                                                                                                                        | uirod Juhan roi                             | U4-                                                      | 28-03                             | _ <del></del>                              |                 |
|                                                                                                                                                                                                                             | oignature, typeu                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | it and title ii applicable.                                     | (NOTE: Hogist                                                                         | icied Agailt signature radi                                                                                                                                       | DUCO MUDICIO                                | (installing)                                             |                                   |                                            |                 |
|                                                                                                                                                                                                                             | <u> </u>                                               | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |                                                                                       |                                                                                                                                                                   |                                             |                                                          |                                   |                                            | l               |
| ∜k FI                                                                                                                                                                                                                       | ILE NOW!                                               | ! FEE IS 5150.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 |                                                                                       |                                                                                                                                                                   |                                             | 9. Election Campaign Financing                           |                                   | <b>0</b> May Be                            |                 |
| F) After                                                                                                                                                                                                                    | ILE NOW!!<br>r May 1, 200                              | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |                                                                                       |                                                                                                                                                                   | ·                                           | Election Campaign Financing     Trust Fund Contribution. |                                   | <b>0</b> May Be<br>to Fees                 |                 |
| F) After                                                                                                                                                                                                                    | ILE NOW!!<br>r May 1, 200                              | ! FEE-IS 5150,00<br>03 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | of State                                                        | 1                                                                                     | 1.                                                                                                                                                                | AD                                          |                                                          | Added                             | to Fees                                    |                 |
| After Make Check                                                                                                                                                                                                            | ILE NOW!!<br>r May 1, 200<br>k Payable to              | ! FEE IS 5150,000<br>03 Fee will be \$550,000<br>Florida Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | of State                                                        |                                                                                       | 1.<br>ITLE                                                                                                                                                        | AD                                          | Trust Fund Contribution.                                 | Added                             | to Fees                                    | (00)            |
| After Make Check 10.                                                                                                                                                                                                        | ILE NOW!! r May 1, 200 c Payable to PD ARDILA, J       | ! FEE IS 5150,000 03 Fee will be \$550,000 0 Florida Department OFFICERS AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | of State                                                        | e Ti                                                                                  | ITLE<br>IAME                                                                                                                                                      | ĀĎ                                          | Trust Fund Contribution.                                 | Added                             | to Fees                                    | (40,00)         |
| After Make Check 16. TITLE NAME STREET ADDRESS                                                                                                                                                                              | PD ARDILA, JA                                          | PEE IS \$150,000 IS Fee will be \$550.00 Florida Department OFFICERS AND AIRO (SON ST., #205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | of State                                                        | re TI                                                                                 | ITLE<br>IAME<br>TREET ADDRESS                                                                                                                                     | AD                                          | Trust Fund Contribution.                                 | Added                             | to Fees                                    | (00/07/00)      |
| After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                | PD<br>ARDILA, JA<br>3500 JACH<br>HOLLYWO               | ! FEE IS 5150,000 03 Fee will be \$550,000 0 Florida Department OFFICERS AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | of State  Directors  Directors                                  | re TI<br>N<br>S<br>C                                                                  | ITLE<br>IAME<br>TREET ADDRESS<br>ITY-ST-ZIP                                                                                                                       | AD                                          | Trust Fund Contribution.                                 | Added  AND DIRECTORS  Change      | to Fees S IN 11 Addition                   | 00/07/7000      |
| After Make Check 10.  TITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                          | PD ARDILA, JA                                          | PEE IS 5150.00 IS Fee will be \$550.00 Florida Department OFFICERS AND AIRO (SON ST., #205 OD FL 33021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | of State                                                        | e TI                                                                                  | ITLE<br>IAME<br>TREET ADDRESS                                                                                                                                     | AD                                          | Trust Fund Contribution.                                 | Added                             | to Fees                                    | (00/04/ 40/00)  |
| After Make Check  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS                                                                                                                                | PD ARDILA, JA 3500 JACH HOLLYWO DVS RODRIGUE 3500 JACH | PEE IS \$150,00<br>33 Fee will be \$550,00<br>Florida Department of<br>OFFICERS AND<br>AIRO<br>SON ST., #205<br>OD FL 33021<br>EZ, JOSE<br>SON ST., #205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of State  Directors  Directors                                  | e TI N S C TI N N S S C S                                                             | ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS                                                                                                         | AD                                          | Trust Fund Contribution.                                 | Added  AND DIRECTORS  Change      | to Fees S IN 11 Addition                   | (40/00)         |
| After Make Check  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS                                                                                                                                | PD ARDILA, JA 3500 JACH HOLLYWO DVS RODRIGUE 3500 JACH | PEE IS \$150,00<br>33 Fee will be \$550,00<br>Florida Department<br>OFFICERS AND<br>AIRO<br>(SON ST., #205<br>OD FL 33021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | of State  Directors  Delet                                      | e TI N S C E II N S C C C C C C C C C C C C C C C C C C                               | ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME                                                                                                                       | ĀĐ                                          | Trust Fund Contribution.                                 | Added AND DIRECTORS Change Change | to Fees S IN 11 Addition Addition          | (10/00)         |
| After Make Check  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE                                                                                                            | PD ARDILA, JA 3500 JACH HOLLYWO DVS RODRIGUE 3500 JACH | PEE IS \$150,00<br>33 Fee will be \$550,00<br>Florida Department of<br>OFFICERS AND<br>AIRO<br>SON ST., #205<br>OD FL 33021<br>EZ, JOSE<br>SON ST., #205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of State  Directors  Directors                                  | e TI                                                                                  | ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE                                                                                         | AD                                          | Trust Fund Contribution.                                 | Added  AND DIRECTORS  Change      | to Fees S IN 11 Addition                   | (40/00)         |
| After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME                                                                                                | PD ARDILA, JA 3500 JACH HOLLYWO DVS RODRIGUE 3500 JACH | PEE IS \$150,00<br>33 Fee will be \$550,00<br>Florida Department of<br>OFFICERS AND<br>AIRO<br>SON ST., #205<br>OD FL 33021<br>EZ, JOSE<br>SON ST., #205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of State  Directors  Delet                                      | e TI N S C e TI N S C I N S C I N S C I N N S C I N N N N N N N N N N N N N N N N N N | ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME                                                                                     | AD                                          | Trust Fund Contribution.                                 | Added AND DIRECTORS Change Change | to Fees S IN 11 Addition Addition          | (00)01) 1001000 |
| After Make Check  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE                                                                                                            | PD ARDILA, JA 3500 JACH HOLLYWO DVS RODRIGUE 3500 JACH | PEE IS \$150,00<br>33 Fee will be \$550,00<br>Florida Department of the State of the Stat | of State  Directors  Delet                                      | e TI N S C e TI N S C T N S C C R S C S C S S C S S S S S S S S S                     | ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE                                                                                         | ĀĐ                                          | Trust Fund Contribution.                                 | Added AND DIRECTORS Change Change | to Fees S IN 11 Addition Addition          | (00)017 7001000 |
| After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS                                                                                 | PD ARDILA, JA 3500 JACH HOLLYWO DVS RODRIGUE 3500 JACH | PEE IS \$150,00<br>33 Fee will be \$550,00<br>Florida Department of the State of the Stat | of State  Directors  Delet                                      | e TI N S C E TI N S C C I N S C C C C C C C C C C C C C C C C C C                     | ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS                                                                       | ADI                                         | Trust Fund Contribution.                                 | Added AND DIRECTORS Change Change | to Fees S IN 11 Addition Addition          | (00)01) 1001000 |
| After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME                               | PD ARDILA, JA 3500 JACH HOLLYWO DVS RODRIGUE 3500 JACH | PEE IS \$150,00<br>33 Fee will be \$550,00<br>Florida Department of the State of the Stat | of State  Directors  Delet                                      | e TI N S C C E TI N S C G TI N S C C I I N S C I I I I I I I I I I I I I I I I I I    | ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME AME AME AME AME | ĀĎ                                          | Trust Fund Contribution.                                 | Added AND DIRECTORS Change Change | to Fees S IN 11 Addition Addition Addition | COLORY POOLEGE  |
| After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS | PD ARDILA, JA 3500 JACH HOLLYWO DVS RODRIGUE 3500 JACH | PEE IS \$150,00<br>33 Fee will be \$550,00<br>Florida Department of the State of the Stat | of State  Directors  Delet                                      | e TI N S C C E TI N S G G TI N S C C I N S S S C I S S S S S S S S S S S S S S S      | ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS   | AD                                          | Trust Fund Contribution.                                 | Added AND DIRECTORS Change Change | to Fees S IN 11 Addition Addition Addition | (00/01/ 100/00/ |
| After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME                               | PD ARDILA, JA 3500 JACH HOLLYWO DVS RODRIGUE 3500 JACH | PEE IS \$150,00<br>33 Fee will be \$550,00<br>Florida Department of the State of the Stat | of State  Directors  Delet                                      | e TI N S C C TI N S C C TI N S C C C C C C C C C C C C C C C C C C                    | ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME AME AME AME AME | ADI                                         | Trust Fund Contribution.                                 | Added AND DIRECTORS Change Change | to Fees S IN 11 Addition Addition Addition | (00/01/ 1001000 |

12. I hereby certify that the information supplied with his 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 emporared 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 that all other like empowered.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Daytime Phone #

☐ Change

☐ Addition