2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P02000090567

Mailing Address

14432 S.W. 108 TERR

1. Entity Name
JC DO IT ALL, CORP.

Principal Place of Business

14432 S.W. 108 TERR



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90110 028 ***150.00

BUULTOGG .

MIAMI FL 33186	6		MIAMI	MIAMI FL 33186									
2. Principal Pla	ace of Busin	ess	3. Maili	3. Mailing Address) INCHINEL SIA SELING VIEW CORNT DOUG NOTH DOUG SEAS DOUG SAVIE SESSO DUTTE AND SESSO (CONT.					
Suite, Apt. #	, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				4. FEI Number Applied For Not Applicable					
Zip		Country	Zip	Zip		Country			ificate of Status Desired		8.75 Addit ee Required	ional	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
							Name						
DROUYN, JUAN C 14432 S.W. 108 TERR						Street Address (P.O. Box Number is Not Acceptable)							
		П					·						
MIAMI FL 33186 .						- City				FL	Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Fir Trust Fund Contribution	n. 🗀	Added A		
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1						IN 11	
TITLE NAME	DP DROUYN,		٧	☐ Delete	TITL						Change	Addition	
STREET ADDRESS CITY-ST-ZIP	14432 S.W. 108 TERR MIAMI FL 33186		المعادي			STREET ADDRESS CITY-ST-ZIP							
TITLE	WILL STATE OF STATE O			☐ Delete		TITLE					☐ Change	Addition	
NAME						IAME						1	
STREET ADDRESS						EET ADDRESS	ŝ					ĺ	
CITY-ST-ZIP						CITY-ST-ZIP							
TITLE				☐ Delete	TITE	.E					Change	☐ Addition	
NAME					NAM	ΛE				•			
STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP					CIT	Y-ST-ZIP							
TITLE				☐ Delete	TITI	.E					☐ Change	Addition	
NAME					NA	i i							
STREET ADDRESS				•		REET ADDRESS							
CITY-ST-ZIP					CIT	Y-ST-ZIP					Change	Addition	
TITLE	•			☐ Delete	TIT	Ŀ					Change	☐ Addition	
NAME	1				. NA1	ı							
STREET ADDRESS	1					REET ADDRESS							
CITY-ST-ZIP						Y-ST-ZIP					Chanca	Addition	
TITLE				☐ Delete	TIT		· 3				☐ Change	☐ Addition	
NAME					NA	- 1							
STREET ADDRESS				مراجع المراجع		REET ADDRESS -	~		لقيدمساسد يستبدي دلد	a the Carrier			
CITY-ST-ZIP]	,				Y-ST-ZIP			a 07/0/() Flexida Statuton	I further co	rtifu that the in	nformation	

12. I hereby certify that the information supplied with this filling 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 receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03

(305) 785-4057