FILED
Jul 07, 2003 8:00 am
Secretary of State
07-07-2003 90309 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000107674

1. Entity Name
J & C CONSTRUCTION OF SOUTH FLORIDA INC.

Principal Place of Business	Mailing Address
2460 SW. 137 AVE SUITE # 248 MIAMI, FL 33175	2460 SW. 137 AVE SUITE # 248 MIAMI, FL 33175

[redacted]

2. Principal Place of Business: 13412 SW 62 STREET
Suite, Apt. #, etc.: M-110
City & State: MIAMI FL 33183
Zip: 33183 Country: USA

3. Mailing Address: P.O. BOX 940471
Suite, Apt. #, etc.:
City & State: MIAMI FL.
Zip: 33194-0471 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 57-1137222 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PENATE, CARLOS A
2460 SW. 137 AVENUE
SUITE # 248
MIAMI, FL 33175

(NEW ADRESS)

7. Name and Address of New Registered Agent
Name: PENATE, CARLOS A.
Street Address (P.O. Box Number Is Not Acceptable): 13412 SW 62 STREET
M-110
City: MIAMI FL. FL Zip Code: 33183

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENATE, CARLOS A 2460 SW. 137 AVENUE SUITE # 248 MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADRIAN, JORGE L 2460 SW. 137 AVENUE SUITE # 248 MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 7/1/2003 305 345.9015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #