FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000127449

1. Entity Name

18*50* Suite, A

JACCAR HOLDING GROUP, INC.

FILED Sep 16, 2003 8:00 am Secretary of State

09-16-2003 90006 002 ***150.00

DO NOT WRITE	IN THIS SPACE
I Place of Business 65 SW 104 AVE	3. Mailing Address 18565 SW 104 AVE
pt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI FL		City & State F	L	4. FEI Number 02-0654513		Applied For Not Applicable
Zip 33157	Country USA	^{Zip} 33157	USA	5. Certificate of Status Desired		\$8.75 Additional Fee Required
		the second of th	7. Name and Address of Current Registered		ed Agent	
- C VIII		6	<u> </u>	·		

DO NOT WRITE IN THIS SPACE

Name D-CHARLES, JACQUES

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

City MIAMI, FL

FL Zip Code 33126

DATE

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.

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
heck Payable to Florida Department of S

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payabl	e to Florida Department of State		· ·
10.	OFFICERS AND DIRECTORS	May a special solution	
TITLE PS NAME D-C STREET ADDRESS CITY-ST-ZIP MIA	HARLES, JACQUES SW 26RD MI. FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	MY, CARLOTA SW 26RD Mi, FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stated in Section 119 07(3)(i) Florida Statutes I further certify that the information

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/09/0

13051926-0783

Daytime Phone #

CR2E034B (12/02)

A Hachment # 80148663 PO200127449

702 0.60 12 744°1

18565 SW 104 AVENUE, MIAMI, FLORIDA, 33157 TEL: (305)374-6999

Date: August 05,2003

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FLORIDA DEPARTMENT OF STATE Division of Corporations P.O.Box 6327

-Tallahassee, Florida, 32314-⇒=

Ref: 2003 UBR for Profit Corporation.

Dear Sirs:

This is to inform you that we never got the 2003 Form annual report/uniform business from you.

So for the same reason we are sending you the payment of \$150.00.

We hope understand our situation

Sincerely yours,

CARLOTA CHUMY

Director.