

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P03 000024971**

1. Entity Name

**Jac Systems, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**8541 NW 66 ST**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**SAME**

Zip

**33166**

Country

Zip

**SAME**

Country

4. FEI Number

**86-1050623**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**Garcia, Angela Maria**

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

**8541 NW 66 ST**

City

**Miami**

FL

Zip Code

**33166**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

**Angela M. Garcia**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**President  
Garcia, Angela Maria  
8541 NW 66 ST  
Miami, FL 33166**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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STREET ADDRESS

CITY - ST - ZIP

**600041571646  
10/04/04--01043--008 \*\*150.00**

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Angela M. Garcia**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 5034B (12/01)

SEPTEMBER 27, 2004

DIVISION OF CORPORATIONS  
REINSTATEMENT DEPARTMENT  
P.O. BOX 6327  
Tallahassee, FL. 32314

**Ref: JAC SYSTEMS, INC.  
FEIN 86-1050623**

Dear sirs:

**JAC SYSTEMS, INC.** already sent you its Annual Report on April 23 with a check payable to you for \$ 150.00 that was never cashed. Concerned about this, I called you on MAY 26 asking about the Renewal of the Corporation and I was told by someone on your office to be patient and wait because your offices were processing enormous amounts of documents.

Today, I received a notice of intent to dissolve my corporation I called again and I have been requested to send you a letter explaining this issue and a check for \$ 150.00.

Please I am requesting to waive the penalties and reinstate My Corporation

Thank you very much for your attention to this matter.

Sincerely,

  
ANGELA MARIA GARCIA  
JAC SYSTEMS, INC.