

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90030 029 ***150.00

DOCUMENT # P 93000016261

1. Entity Name

J & W BUILDERS



Principal Place of Business

Mailing Address

1232 FERDINAND STREET
 CORAL GABLES, FL 33134

A0033272

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

591745155

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSE R. BETANCOURT
 15635 SW 146 AVE
 MIAMI, FL 33177

Name

JEANETTE MELENDEZ

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

1232 FERDINAND ST.

City

Coral Gables

FL

Zip Code

33134

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

J. Melendez

JEANETTE MELENDEZ

03/06/01

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	JOSE R. BETANCOURT	
STREET ADDRESS	15635 SW 146 AVE	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	IDALIS BETANCOURT	
STREET ADDRESS	15635 SW 146 AVE	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE	TREASURER	<input checked="" type="checkbox"/> Delete
NAME	DANIEL FERNANDEZ	
STREET ADDRESS	14495 SW 159 ST	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALPH K. WILSON	
STREET ADDRESS	1232 FERDINAND ST	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUIS SANTAESTEBAN	
STREET ADDRESS	8922 GRAND CANAL DRIVE	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	SECRETARY & TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JILLIAN SANTAESTEBAN	
STREET ADDRESS	8922 GRAND CANAL DRIVE	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address or other like empowered.

SIGNATURE:

Ralph K. Wilson
 NEW

03/07/01

(305)

266-6974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)