## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## P95000008833 DOCUMENT #

1. Entity Name

Principal Place of Business

J A PROFESSIONAL SERVICES, INC



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90243 004 \*\*\*150.00

| 209 |  |
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| 540 BRICKELL KEY DR APT 1209 MIAMI FL 33131 |                                                       |                                                                 | 540 BRICKELL KEY II APT #1209<br>MIAMI FL 33131 |                      |                                                   |                 | : 12811861 HB (8181 BINI BBIN BGIN B                                     | <b>4</b> 11) 22111 241 <b>0</b> 1 | (818) 1818 | <b>4</b> 111 <b>28</b> 1111 1 <b>82</b> |          |
|---------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------|----------------------|---------------------------------------------------|-----------------|--------------------------------------------------------------------------|-----------------------------------|------------|-----------------------------------------|----------|
| US                                          |                                                       |                                                                 |                                                 |                      |                                                   |                 |                                                                          |                                   |            |                                         | İ        |
| 2. Principal Place of Business              |                                                       |                                                                 | 3. Mailing Address                              |                      |                                                   |                 |                                                                          | 801) <b>80</b> 711 <b>8 813</b> 1 |            | # 1/166 FILL 18#                        | J        |
| Suite, Apt. #, etc.                         |                                                       |                                                                 | Suite, Apt. #, etc.                             |                      |                                                   |                 | ☐ CHECK HERE IF MAKING CHANGES                                           |                                   |            |                                         |          |
| City & State                                |                                                       |                                                                 | City & State                                    |                      |                                                   | 4. F            | <sup>EI Number</sup> <b>65-0551982</b>                                   |                                   | $\vdash$   | oplied For<br>ot Applicabl              | e        |
| Zip<br>∄                                    |                                                       | Country                                                         | Zip                                             | Coun                 |                                                   | 5. 0            | Certificate of Status Desired                                            | \$8.75 Additional Fee Required    |            |                                         |          |
| ·                                           | 6. Name a                                             | nd Address of Current I                                         | Registered Agent                                |                      |                                                   | 7. N            | Name and Address of New Regis                                            | tered Agen                        | t          |                                         | ╛        |
| ACHIODO                                     | JORGE H                                               |                                                                 |                                                 |                      | Name                                              |                 | 1                                                                        |                                   |            |                                         | 7        |
|                                             | KELL KEY II                                           |                                                                 |                                                 |                      | Street Address (P.O. Box Number is Not Acceptable |                 |                                                                          |                                   |            |                                         | $\dashv$ |
| MIAMI FL                                    |                                                       | AFI #1209                                                       |                                                 |                      |                                                   |                 |                                                                          |                                   |            |                                         | $\dashv$ |
| ***************************************     | . 33101                                               |                                                                 |                                                 |                      |                                                   |                 | <u>.</u>                                                                 |                                   |            | 1                                       |          |
|                                             |                                                       |                                                                 |                                                 |                      | City                                              |                 |                                                                          |                                   | ip Code    |                                         | -        |
| 8. The above the obligat                    | named entity si<br>ions of register                   | submits this statement, for                                     | the purpose of changi                           | ng its registere     | ed office or reg                                  | istered age     | ent, or both, in the State of Florida                                    | . I am familia                    | ar with,   | and accept                              | 1        |
| the obligat                                 | ions of register                                      | eu agent.                                                       |                                                 |                      |                                                   |                 |                                                                          |                                   |            |                                         |          |
| SIGNATURE -                                 | Signature, typed or                                   | printed name of registered agent a                              | nd title if applicable                          | (NOTE: Popietore     | d Agent signature red                             |                 |                                                                          |                                   |            | <del></del>                             |          |
|                                             |                                                       | FEE IS \$150.00                                                 |                                                 | (110 TE. Flogisteret | - Agent alghaters ret                             | quired when tel | mstating)                                                                | DATE                              |            |                                         | 4        |
| After                                       | May 1, 2003                                           | FEE IS \$150.00<br>Fee will be \$550.00<br>Torida Department of | State                                           |                      |                                                   |                 | <ol><li>Election Campaign Financi<br/>Trust Fund Contribution.</li></ol> | ng                                |            | O May Be<br>to Fees                     | ļ        |
| 10.                                         |                                                       | OFFICERS AND D                                                  | DIRECTORS                                       | 11.                  |                                                   | ADI             | DITIONS/CHANGES TO OFFICER                                               | S AND DIRE                        | CTORS      | S IN 11                                 | $\dashv$ |
| TITLE<br>Name                               |                                                       | PSD Delete                                                      |                                                 | 1                    | TITLE                                             |                 |                                                                          |                                   | hange      | Addition                                | 7        |
| STREET ADDRESS                              | AGUIRRE, JORGE H DORESS 540 BRICKELL KEY II APT #1209 |                                                                 |                                                 | NAME                 | T ADDRESS                                         |                 |                                                                          |                                   |            |                                         |          |
| CITY-ST-ZIP MIAMI FL 33131                  |                                                       |                                                                 |                                                 |                      | ST-ZIP                                            |                 |                                                                          |                                   |            |                                         |          |
| TITLE                                       | ,                                                     |                                                                 | ☐ Delete                                        | TITLE                |                                                   | -               |                                                                          |                                   | hange      | Addition                                | 1        |
| NAME<br>CTREET APPRECE                      |                                                       |                                                                 | N                                               |                      |                                                   |                 |                                                                          | _                                 | •          |                                         | '        |
| STREET ADDRESS<br>CITY-ST-ZIP               |                                                       |                                                                 |                                                 |                      | T ADDRESS<br>ST-ZIP                               |                 |                                                                          |                                   |            |                                         |          |
| TITLE                                       |                                                       |                                                                 | ☐ Delete                                        | TITLE                |                                                   |                 |                                                                          |                                   |            |                                         | 4        |
| NAME                                        |                                                       |                                                                 | Can Delete                                      | NAME                 |                                                   |                 |                                                                          |                                   | hange      | ☐ Addition                              |          |
| STREET ADDRESS                              |                                                       |                                                                 |                                                 | STREE                | T ADDRESS .                                       | 9               |                                                                          |                                   |            |                                         |          |
| CITY-ST-ZIP                                 | <del>-</del>                                          |                                                                 | <del></del>                                     | · CiTY-              | ST-ZIP                                            |                 |                                                                          |                                   |            |                                         | 1        |
| NAME .                                      |                                                       |                                                                 | ☐ Delete                                        | TITLE                | ľ                                                 |                 |                                                                          | □ c                               | hange      | ☐ Addition                              | 7        |
| STREET ADDRESS                              |                                                       |                                                                 |                                                 | NAME                 | T ADDRESS                                         |                 |                                                                          |                                   |            |                                         |          |
| CITY-ST-ZIP                                 |                                                       |                                                                 |                                                 | CITY-                |                                                   |                 |                                                                          |                                   |            |                                         |          |
| TITLE                                       | •                                                     |                                                                 | ☐ Delete                                        | TITLE                |                                                   |                 |                                                                          | □ CI                              | hanna      | Addition                                | 1        |
| NAME                                        |                                                       |                                                                 |                                                 | NAME                 | ľ                                                 |                 |                                                                          |                                   | ango       | Addition                                |          |
| STREET ADDRESS                              |                                                       |                                                                 |                                                 | <b>18</b>            | TADDRESS                                          |                 |                                                                          |                                   |            |                                         |          |
| CITY-ST-ZIP                                 |                                                       |                                                                 |                                                 | CITY-S               | ST-ZIP                                            |                 |                                                                          |                                   |            |                                         |          |
| TITLE<br>NAME                               |                                                       |                                                                 | ☐ Delete                                        | TITLE                |                                                   |                 |                                                                          | ☐ Ct                              | ange       | Addition                                |          |
| STREET ADDRESS                              |                                                       |                                                                 |                                                 | NAME<br>STREET       | ADDRESS                                           |                 |                                                                          |                                   |            |                                         |          |
| CITY-ST-ZIP                                 |                                                       |                                                                 |                                                 | CITY-S               |                                                   |                 |                                                                          |                                   |            |                                         | Ì        |
|                                             |                                                       |                                                                 |                                                 |                      |                                                   |                 |                                                                          |                                   |            |                                         |          |

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 all other like empowered.

**SIGNATURE** 

305-358-6705