2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P95000033423** Mar 02, 2000 8:00 am **Secretary of State** JCA CONTRACTORS INC. 03-02-2000 90094 033 ***150.00 Principal Place of Business Mailing Address 1345 BIARITZ DR 1345 BIARITZ DR MIAMI FL 33141 MIAMI BEACH FL 33141-3635 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0575625 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AREVALO, JULIO Street Address (P.O. Box Number is Not Acceptable) 1345 BIARITZ DR MIAMI BEACH FL 33141 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS DPT Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME AREVALO, JULIO C STREET ADDRESS STREET ADDRESS 1345 BIARITZ DR CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Addition ☐ Change **DVPS** TITLE Delete TITLE NAME NAME AREVALO, LUZ STREET ADDRESS STREET ADDRESS 1345 BIARITZ DR CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 supplied entail 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 receive or bustee 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, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-00

Date Daytime Phone #