2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033423

1. Entity Name JCA CONTRACTORS, INC.

FILED
02 FEB 25 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900005096879--2
-03/12/02--01042--028
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business / Mailing Address
19702-84 PLACE - NW -
MIAMI FLDA - 33015

2. Principal Place of Business	3. Mailing Address
940-79 TERRAS #4	19702 NW 84 PLACE
Suite, Apt. #, etc. MIAMI BEACH	Suite, Apt. #, etc.
City & State FL 33141	City & State MIAMI FL.
Zip 33141 / Country	Zip 33015 / Country DADE

4. FEI Number 65-0575625 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AREVALO JULIO
19702 NW 84 PLACE
MIAMI FL 33015

7. Name and Address of New Registered Agent
Name AREVALO JULIO.
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Julio C Arevalo
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	AREVALO JULIO ☐ Delete 19702 NW 84 PLACE MIAMI FL 33015	TITLE DPT / NAME JULIO / STREET ADDRESS / CITY-ST-ZIP	LS ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AREVALO LUZ ☒ Delete	TITLE DVPS / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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, with all other like empowered.

SIGNATURE: Julio C Arevalo 01/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #