

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051027

1. Entity Name
JAL CONSULTANTS, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90052 030 ***150.00

Principal Place of Business

782 N.W. LEJEUNE RD.
MIAMI FL 33126
US

Mailing Address

C/O THE SOLANO GROUP, P.A.
782 NW LEJEUNE RD #437
MIAMI FL 33126

2. Principal Place of Business

10876 SW 24 TERRACE

3. Mailing Address

10876 SW 24 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

FLA

Country

USA

Zip

33165

Country

USA

4. FEI Number

65-0593329

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOSA, JOSE A SR
782 NW LEJEUNE RD
SUITE #437
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name LOSA, JOSE A. SR
Street Address (P.O. Box Number is Not Acceptable)
10876 SW 24 TERRACE
City MIAMI FL Zip Code 33165

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)

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

TITLE PTD
NAME LOSA, JOSE A SR
STREET ADDRESS 782 NW LEJEUNE ROAD SUITE 437
CITY-ST-ZIP MIAMI FL

TITLE VPD
NAME LOSA, JOSE A JR
STREET ADDRESS 6504 SW 114 PL #E
CITY-ST-ZIP MIAMI FL

TITLE S
NAME LOSA, EDUARDO J
STREET ADDRESS 782 NW LEJEUNE RD #437
CITY-ST-ZIP MIAMI FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 10876 SW 24 TERRACE
CITY-ST-ZIP MIAMI FL 33165

TITLE
NAME
STREET ADDRESS 10876 SW 24 TERRACE
CITY-ST-ZIP MIAMI FL 33165

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CITY-ST-ZIP

TITLE
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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

001/397

CR2E034(10/00)