## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P95000070441** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name JACAR DISTRIBUTION SYSTEM INC. 04-24-2000 90083 008 \*\*\*150.00 Principal Place of Business Mailing Address C/O PEREZ. BEHAR & ASSOC., INC. 3400 N.W. 106 STREET MIAMI FL 33147 14730 NE 10 AVE N. MIAMI FL 33161-2454 2. Principal Place of Business 3. Mailing Address PEREZ BEHAR & ASSOC., P.A Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 13935 NW 1st AVENUE City & SMIAMI, FLORIDA 33168 City & State Applied For 4. FEI Number 65-0607582 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROJAS, JACKELINE Street Address (P.O. Box Number is Not Acceptable) 3400 N.W. 106 STREET **MIAMI FL 33147** 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) DATE 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE ☐ Addition NAME GUERRERO, MARTHA E NAME 1301 NE MIAMI GARDENS DR., #713W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33179** ☐ Addition ☐ Change TITLE Delete TITLE **GUERRERO, CARLOS** NAME NAME **3400 NW 106TH STREET** STREET ADDRESS STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE Change ☐ Addition ROJAS, JACKELINE NAME 3400 NW 106TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33147 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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:

Maix Cleve 20 17 Martha E Guerrero 4/3/00 (305