2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90013 009 ***158.75

DOCUMENT # P96000077354

1. Entity Name

JRA, INC.

Principal Place of Business	Mailing Address
9075 SW 87 AVE 400-A MIAMI FL 33176 US	P.O. BOX 143653 CORAL GABLES FL 33114-3653

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 10661 SW 88th St.	3. Mailing Address
Suite, Apt. #, etc.: 206-B	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33176 / Country: MIAMI-DADE	Zip / Country

4. FEI Number 65-0700107 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERRER, JOAQUIN J JR
11458 S.W. 74TH STREET
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name: Joaquin J. Ferrer JR
Street Address (P.O. Box Number is Not Acceptable): 10661 SW 88 STREET
STE 206B
City: MIAMI FL Zip Code: 33176

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, 2000 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	P FERRER, JOAQUIN J 11458 SW 74 ST MIAMI FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FERRER, JOAQUIN J JR. 11458 S.W. 74 ST. MIAMI FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Joaquin J. Ferrer, PRESIDENT 4-3-00 (305) 270-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOAQUIN J. FERRER

CR2E034 (9/99)