

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000069421**

1. Entity Name

JAL DEVELOPERS, INC.**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90024 007 ***150.00

Principal Place of Business

10876 S.W. 24 TERRACE
MIAMI FL 33165

Mailing Address

10876 S.W. 24 TERRACE
MIAMI FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0776059

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

LOSA, JOSE A SR
10876 S.W. 24 TERRACE
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

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

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LOSA, JOSE A SR	2558 NW 8 STREET	MIAMI FL 33135	<input type="checkbox"/>
VD	LOSA, JOSE A JR	2558 NW 8 STREET	MIAMI FL 33135	<input type="checkbox"/>
STD	LOSA, EDUARDO J	2558 NW 8 STREET	MIAMI FL 33135	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		10876 SW 24 TERR	MIAMI FL 33165	<input checked="" type="checkbox"/>
		10876 SW 24 TERR	MIAMI FL 33165	<input checked="" type="checkbox"/>
		10876 SW 24 TERR	MIAMI FL 33165	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 my address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)