

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094454

1. Entity Name

J.J.A. DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

PO BOX 955253
MIAMI FL 33265

PO BOX 955253
MIAMI FL 33265

2. Principal Place of Business

P.O. Box 655253

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 655253

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33265

Country

USA

City & State

Miami, FL

Zip

33265

Country

USA

4. FEI Number 65-0791544

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENA, ANGEL
13655 SW 34 ST REAR
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name Angel Pena
Street Address (P.O. Box Number is Not Acceptable)
13953 SW. 66 ST, Apt #303B
City Miami FL Zip Code 33183

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 NAME STREET ADDRESS CITY - ST - ZIP	PD PENA, ANGEL PO BOX 655253 MIAMI FL 33265	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FELIX, DAISY PO BOX 655253 MIAMI FL 33265	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEREZ, MARIA J PO BOX 655253 MIAMI FL 33265	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2001

Date

Daytime Phone #

CR2E034 (10/00)

0820660

FILED
Jan 17, 2001 8:00 am
Secretary of State
01-17-2001 90072 005 ***158.75



DO NOT WRITE IN THIS SPACE