Apr 28 2003 12:00PM PATRICK VIVIES CPA PA

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90166 045 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036507

1. Entity Name
J.P.C. Communications, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
700 East Dania Beach Boulevard	700 East Dania Beach Boulevard
Suite, Apt. #, etc.: Suite 202	Suite, Apt. #, etc.: Suite 202
City & State: Dania Fl	City & State: Dania Fl
Zip: 33004 Country: U.S.A.	Zip: 33004 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0831625 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Vivies Patrick

Street Address (P.O. Box Number is Not Acceptable)

700 East Dania Beach Boulevard, Suite 202

City: Dania FL Zip Code: 33004

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing

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9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Pou, Catherine
STREET ADDRESS	2850 NE 135 Street #164
CITY-ST-ZIP	North Miami FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with all other like empowered.

SIGNATURE: _____ 04/30/2003

SIGNATURE AND PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

Phone 011 33 534316667