

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90729 034 ***150.00

DOCUMENT # P98000081443
1. Entity Name
J. JIRE CONSTRUCTION CORP.

DO NOT WRITE IN THIS SPACE

94057417

2. Principal Place of Business 3660 NW 41 ST.	3. Mailing Address 3660 NW 41 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33142	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0865480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name BARBA, ARMANDO	
Street Address (P.O. Box Number is Not Acceptable) 11133 SW 145TH AVE.	
City MIAMI	Zip Code FL 33186

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

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D BARBA, ARMANDO 11133 SW 145TH AVE. MIAMI, FL. 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D BARBA, NATIVIDAD 11133 SW 145TH AVE. MIAMI, FL. 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S T D BARBA, ARMANDO J. 14621 SW 110TH TERR. MIAMI, FL. 33186
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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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Armando Barba President 02/04/04 305 6384789