

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000451

1. Entity Name

JWC CORP.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90040 035 \*\*\*150.00

Principal Place of Business

Mailing Address

3807 OAK POINTE CT.  
 KISSIMMEE FL 34746

3807 OAK POINTE CT.  
 KISSIMMEE FL 33114-4827

2. Principal Place of Business

P.O. Box 144827

3. Mailing Address

P.O. Box 144827

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES

City & State

CORAL GABLES

4. FEI Number

59-354 9629.

Applied For

Not Applicable

Zip

33114

Country

U.S.

Zip

33114

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRER, CASSANDRA A  
 3807 OAK POINTE CT.  
 KISSIMMEE FL 34746

Name

CASSANDRA A. FERRER

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

1417 TANGIER ST.

City

CORAL GABLES

FL

Zip Code

33134

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

*Cassandra Ferrer*  
 CASSANDRA A. FERRER

(NOTE: Registered Agent signature required when reinstating)

4/18/00  
 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 ☐ Delete  
 NAME D  
 STREET ADDRESS FERRER, CASSANDRA A  
 CITY-ST-ZIP 3807 OAK POINTE CT.  
 KISSIMMEE FL 34746

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1417 TANGIER ST  
 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 life empowered.

SIGNATURE:

*Cassandra Ferrer*  
 CASSANDRA A. FERRER

4/18/00  
 Date

Daytime Phone #

CR2E034 (9/99)