

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90098 008 ***150.00

DOCUMENT # P99000033257

1. Entity Name
JUAN ROJAS CONSTRUCTION, INC.

Principal Place of Business 3006 W. JEAN STREET TAMPA FL 33614	Mailing Address 3006 W. JEAN STREET TAMPA FL 33614-4239
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3434 W. Columbus Dr. Suite, Apt. #, etc. 204 City & State Tampa, FL Zip 33607	3. Mailing Address 3434 W. Columbus Dr. Suite, Apt. #, etc. 204 City & State Tampa, FL Zip 33607
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4. FEI Number 59-3569573	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROJAS, JACQUELINE M
3006 W. JEAN STREET
TAMPA FL 33614

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 _____ (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, 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	
TITLE P	<input type="checkbox"/> Delete
NAME ROJAS, JUAN	
STREET ADDRESS 3417 W. LEROY STREET	
CITY-ST-ZIP TAMPA FL 33607	
TITLE VP	<input type="checkbox"/> Delete
NAME ROJAS, JACQUELINE M	
STREET ADDRESS 3006 W. JEAN STREET	
CITY-ST-ZIP TAMPA FL 33614	
TITLE ST	<input type="checkbox"/> Delete
NAME WILLIAMS, JAMES G	
STREET ADDRESS 2203 OAKLINE DRIVE	
CITY-ST-ZIP SAN ANTONIO TX 78232	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Jacqueline M Rojas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 **(813) 998-9800**
 Date Daytime Phone #

CR2E034 (9/99)