

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90208 028 ***150.00

DOCUMENT # P99000081931

1. Entity Name

J E C SERVICES, INC.

Principal Place of Business

~~15327 NW 80TH AVE., STE. 255~~
~~MIAMI LAKES FL 33014~~

Mailing Address

~~15327 NW 80TH AVE., STE. 255~~
~~MIAMI LAKES FL 33014~~

2. Principal Place of Business

26101 SW 133 CT

Suite, Apt. #, etc.

3. Mailing Address

26101 SW 133 CT

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

Country

FL 33032 USA

Zip

Country

33032 USA

4. FEI Number

65-0961980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPOS, JAVIER E

~~15327 NW 80TH AVE., STE. 255~~

~~MIAMI LAKES FL 33014~~

7. Name and Address of New Registered Agent

Name **CAMPOS, JAVIER E.**

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

26101 SW 133 CT

MIAMI FL 33032

City

FL

Zip Code

33032

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-02

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, 2002 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 **PSD** ☐ Delete
NAME **CAMPOS, JAVIER E**
STREET ADDRESS ~~15327 NW 80TH AVE., STE. 255~~
CITY-ST-ZIP ~~MIAMI LAKES FL 33014~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **JAVIER CAMPOS**
STREET ADDRESS **26101 SW 133 CT**
CITY-ST-ZIP **MIAMI FL 33032**

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

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-02

CR2E034 (9/01)