## **FILED** Jul 31, 2001 8:00 am

## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000085264 **Secretary of State** 1. Entity Name J. & C. TRANSFER AND DELIVERY, CORP. 07-31-2001 90241 004 \*\*\*550.00 Principal Place of Business Mailing Address 7125 S.W. 134TH COURT 7125 S.W. 134TH COURT **UUU60147 MIAMI FL 33183 MIAMI FL 33183** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0950854 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name CABRERA, CARLOS A Street Address (P.O. Box Number is Not Acceptable) 7125 S.W. 134TH COURT **MIAMI FL 33183** 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE PVD ☐ Delete TITLE Change CABRERA, CARLOS A NAME NAME STREET ADDRESS 7125 S.W. 134TH COURT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33183** CITY-ST-ZIP STD TITLE ☐ Delete Change Addition STD NAME CABNELLA MOLO-D CABRERA, MARIA D NAME STREET ADDRESS STREET ADDRESS 7125 S.W. 134TH COURT 7/25 BU 1347 COUNT CITY-ST-ZIP MIAMI FL 33183 CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Addition NAME GONZALEZ, JUAN C NAME STREET ADDRESS 7125 S.W. 134TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-7 MIAM) FL 33183 [ ] Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; 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: