

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90470 018 ***150.00

DOCUMENT # P99000103200

1. Entity Name
THE J.J. JR. CONSTRUCTION, CO., INC.



Principal Place of Business
**4524 SOUTHWEST 71 AVE.
MIAMI FL 33155**

Mailing Address
**4524 SOUTHWEST 71 AVE.
MIAMI FL 33155**

2. Principal Place of Business
4532 SW 71 AVE
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 558196
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0968168

Applied For
Not Applicable

Zip
33155
Country
USA

Zip
33255
Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ESCORCIA, MANUEL U
90 WEST STREET APT. 7
HIALEAH FL 33010**

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
ESCORCIA, MANUEL U
~~4524 SOUTHWEST 71 AVE~~
MIAMI FL 33155** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4532 SW 71 AVE ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GARZA, STEPHEN
~~4524 SOUTHWEST 71 AVE~~
MIAMI FL 33155** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4532 SW 71 AVE ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESCORCIA

04/17/03

305-662-2214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)