FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105075

1. Entity Name

JACO ENTERPRISES CORP.

DO NOT WRITE IN THIS SPACE

FILED

02 AUG 21 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	3. Mailing Address
1790 W 49TH STREET	1790 W. 49TH STREET
Suite, Apt. #, etc. # 305-11	Suite, Apt. #, etc. #305-11
City & State HIALEAH FL	City & State HIALEAH FL
Zip 33012 Country	Zip 33012 Country

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4. FEI Number

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

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7. Name and Address of Current Registered Agent

Name CONSTANZA ORTEGA SANCHEZ

Street Address (P.O. Box Number is Not Acceptable) 1790 W 49TH STREET #305-11

City HIALEAH FL 33012

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)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT	TITLE	
NAME	CONSTANZA O SANCHEZ	NAME	
STREET ADDRESS	1790 W 49TH STREET #305-11	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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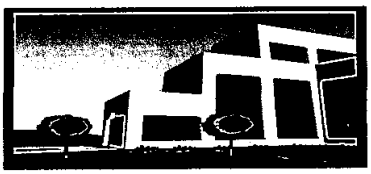
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(x)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/02

A & C PROPERTY MANAGEMENT, INC



607 NE 69th Street Miami, Fl 33138
Phone: (305) 759-1017
Fax (305) 759-4163
E-mail : ngoni@bellsouth.net

August 05, 2002

Division of Corporations
Uniform Business Report Filings
P.O.Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

RE: REINSTATEMENT FOR FEI # 650748832(Document # P97000032412)

I would like to request for a reinstatement of my corporation.

I believe, that it was dissolved due to non-renewal. This was due to the fact that I did not receive the UBR, due to change in address.

My current physical and postal address is as follows:

A & C Property Management Inc
607 NE 69th Street
Miami, FL 33138

Please find attached is a check # 1545 in the amount of $300.00

Truly Yours

Chris Kwangwari