

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-29-2001 90366 010 ***150.00

0197908

DOCUMENT # P99000108601

1. Entity Name
JPC BROTHERS CORP.

Principal Place of Business
3660 N.E. 166 ST #214
NORTH MIAMI BEACH FL 33160

Mailing Address
3660 N.E. 166 ST #214
NORTH MIAMI BEACH FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8783 S.W. 132 ST # 51
Suite, Apt. #, etc.
51

3. Mailing Address
8783 S.W. 132 ST
Suite, Apt. #, etc.
51

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number **65-0973794**

Applied For
Not Applicable

Zip **33176** Country **U.S.A**

Zip **33176** Country **U.S.A**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORREA, PEDRO P
3660 NE 166TH ST
SUITE 214
NORTH MIAMI BEACH FL 33160

Name **PAULO CASTRO**

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

8783 S.W. 132 ST # 51

City **MIAMI** **FL** Zip Code **33176**

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 *Paulo Castro* **PAULO CASTRO** **03.23.01**
Signature, typed or printed name of registered agent and fee if applicable. (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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CORREA, PEDRO P	
STREET ADDRESS	1375 SUNSET DR	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	D/P/S/T	<input type="checkbox"/> Delete
NAME	PAULO CASTRO	
STREET ADDRESS	3660 N.E. 166 ST # 214	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Paulo Castro* **PAULO CASTRO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.23.01 **(305) 972-2010**
Date Daytime Phone #

CR2E034 (10/00)