

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**

08-09-2000 90081 038 \*\*\*550.00

**DOCUMENT # V55730**  
 1. Entity Name  
**JORCA CORPORATION, INC.** ✓

Principal Place of Business      Mailing Address  
**3720 E 4TH AVE**      **3720 E 4TH AVE**  
**HIALEAH FL 33013**      **HIALEAH FL 33013**

2. Principal Place of Business      3. Mailing Address  
**34 East 21<sup>st</sup> St.**        
 Suite, Apt. # etc.      Suite, Apt. #, etc.  
**Building**        
 City & State      City & State  
**Hialeah - FL.**        
 Zip      Country      Zip      Country  
**33 010**      **USA**        
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**65-0354076**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**PEREZ, EROTIDA C.**  
**3720 E. 4TH AVENUE**  
**HIALEAH FL 33013**

7. Name and Address of New Registered Agent  
 Name **Erotida Perez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4201 Collins Ave, Apt. #903**  
 City **Miami Beach**      FL      Zip Code **33140**

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 *Erotida Perez*      DATE **8-7-00**  
 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.       **FILE NOW!!! FEE IS \$550.00**  
 After **SEPTEMBER 13, 2000** Min. will be **\$750.00**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEREZ, EROTIDA C</b> <b>3720 E 4TH AVE</b> <b>HIALEAH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Perez, Erotida C.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4201 Collins Ave. Apt. 903</b> <b>Miami Beach, FL. 33140.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEREZ, JORGE L</b> <b>3720 E 4TH AVE</b> <b>HIALEAH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Perez Jorge L.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4201 Collins Ave. Apt. 1203</b> <b>Miami Beach, FL. 33140.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Erotida Perez*      DATE: **8-7-00**      DAYTIME PHONE: **828-7954**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/00)