

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90026 007 \*\*\*150.00  
 08-21-2000 90213 034 \*\*\*550.00

**DOCUMENT # P99000033425**

1. Entity Name  
**J.C. CONTE, P.A.**

Principal Place of Business  
**6555 NW 9 AVENUE SUITE 104  
 FORT LAUDERDALE FL 33309**

Mailing Address  
**6555 NW 9 AVENUE SUITE 104  
 FORT LAUDERDALE FL 33309**

00080.25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4020 W. Palm Aire Dr.**

3. Mailing Address  
**4020 W. Palm Aire Dr.**

Suite, Apt. #, etc.  
**Apt # 104**

City & State  
**Pompano Beach, FL**

Zip  
**33069**

Country  
**Broward**

4. FEI Number  
**65-0914670**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PINES-CONTE, ELIZABETH C ESQ  
 3301 PONCE DE LEON BLVD SUITE 200  
 CORAL GABLES FL 33134**

SIGNATURE *Jean-Claude Conte, President*

Signature, typed or printed name of registered agent and title if applicable.

7. Name and Address of New Registered Agent

Name **Jean-Claude Conte**

Street Address (P.O. Box Number is Not Acceptable)  
**4020 W. Palm Aire Dr.**

**Apt # 104**

City **Pompano Beach, FL** Zip Code **33069**

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.

DATE **8-16-00**

(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)

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CONTE, JEAN CLAUDE</b>	
STREET ADDRESS	<b>6555 NW 9 AVENUE SUITE 104</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Conte, Jean-Claude</b>	
STREET ADDRESS	<b>4020 W. Palm Aire Dr. Apt. #104</b>	
CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Jean-Claude Conte* **8-16-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #