

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90113 014 ***150.00

01/18/2003 AV

DOCUMENT # 856771

1. Entity Name
J.C.C., INC.



Principal Place of Business
200 S. PARK RD.
STE. 425
HOLLYWOOD FL 33021
US

Mailing Address
200 S. PARK RD.
#425
HOLLYWOOD FL 33021
US



2. Principal Place of Business
4000 Hollywood Blvd
Suite, Apt. #, etc. 475 South

3. Mailing Address
4000 Hollywood Blvd.
Suite, Apt. #, etc. 475 South

City & State
Hollywood FL
Zip 33021
Country

City & State
Hollywood FL
Zip 33021
Country

4. FEI Number 36-3132914

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CAHAN, RICHARD J ESO
C/O BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE, STE. 100
MIAMI FL 33126

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

TITLE: PD
NAME: KAHN, ELLIS
STREET ADDRESS: 200 S. PARK RD.
CITY-ST-ZIP: HOLLYWOOD FL

☐ Delete

TITLE
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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ 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 an other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 954-967-9899

Date

Daytime Phone #

CR2E034 (10/02)