

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G93860

1. Entity Name

JOJAC, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90018 048 \*\*\*150.00

Principal Place of Business

Mailing Address

SALON JACQUES  
~~610 N. FLORIDA AVE~~  
TAMPA FL 33602  
US

SALON JACQUES  
~~610 N. FLORIDA AVE~~  
TAMPA FL 33602-4502  
US

2. Principal Place of Business

3. Mailing Address

404 E. ZACK STREET  
Suite, Apt. #, etc.

404 E. ZACK STREET  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Tampa FLORIDA

Tampa FLORIDA

Zip

Country

Zip

Country

33602

HILLSBOROUGH

33602

HILLSBOROUGH

4. FEI Number

59-2403043

Applied For

Not Applicable

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

FIORI, JACQUES  
2424 W. TAMPA BAY BLVD.  
UNIT F206  
TAMPA FL 33607

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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, 2000 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 type="checkbox"/> Delete
NAME	FIORI, JACQUES	
STREET ADDRESS	2424 W. TAMPA BAY BLVD., UNIT F206	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	S	<input type="checkbox"/> Delete
NAME	FIORI, JOCELYNE	
STREET ADDRESS	2424 W. TAMPA BAY BLVD., UNIT F206	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	V	<input type="checkbox"/> Delete
NAME	FIORI, CHRISTOPHE	
STREET ADDRESS	2424 W. TAMPA BAY BLVD., UNIT F206	
CITY-ST-ZIP	TAMPA FL 33607	
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"/> 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	
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)(l), 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:

*JACQUES FIORI (Pndes)*

Date

Daytime Phone #

4-5-00 (813) 229-3226

CR2E034 (9/99)