

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90284 044 ***150.00

DOCUMENT # G95670
1. Entity Name
 JFC UNLIMITED CORP.

Principal Place of Business **Mailing Address**
 611 NW 4 AVE
 FORT LAUDERDALE FL. 33311 SAME

2. Principal Place of Business **3. Mailing Address**
 611 NW 4 AVE. FT. LAUD 611 NW 4 AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 FORT LAUDERDALE FORT LAUDERDALE
Zip **Country** **Zip** **Country**
 33311 BROWARD 33311 BROWARD

4. FEI Number **Applied For**
 59-2635732 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 JOHN C. GAMBA
 2504 NW 98 LANE
 CORAL SPRINGS FL. 33065

7. Name and Address of New Registered Agent
Name N/A
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 JOHN C. GAMBA, PRES *John C. Gamba PRES.*
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, 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 ☐ Delete

TITLE PRESIDENT	NAME JOHN C. GAMBA
STREET ADDRESS 2504 NW 98 LANE	CITY-ST-ZIP CORAL SPRINGS FL. 33065
TITLE V.P. TREAS.	NAME HELEN D. GAMBA
STREET ADDRESS 2504 NW 98 LANE	CITY-ST-ZIP CORAL SPRINGS FL. 33065
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition

TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	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: *John C. Gamba (John C. GAMBA, PRES)* **DATE** 5/26/01 **Daytime Phone #** (954) 525-6792 / (954) 753-4550

CR2E034 (11/00)