

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90034 026 \*\*\*150.00

**DOCUMENT # J87989**

1. Entity Name

**J.C. CERRONE, INC.**

Principal Place of Business

Mailing Address

6555 NW 9TH AVE  
 SUITE 201  
 FT. LAUDERDALE FL 33309  
 US

6555 NW 9TH AVE  
 SUITE 201  
 FT. LAUDERDALE FL 33309-2049  
 US

80017375



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3990 N Powerline Rd  
 Suite, Apt. #, etc.

3990 N. Powerline Rd  
 Suite, Apt. #, etc.

City & State

City & State

Oakland Park FL

Oakland Park, FL

Zip Country

Zip Country

33309

33309

4. FEI Number 59-2828099

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

LEONARD, ROBERT  
 633 S ANDREWS AVE  
 STE. 402  
 FT. LAUDERDALE FL 33301

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 ☐ Delete  
 NAME D  
 STREET ADDRESS CERRONE, JOSEPH C., III  
 CITY-ST-ZIP 2541 NE 47 STREET  
 LIGHTHOUSE POINT FL 33064

TITLE ☐ Change ☐ Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS CERRONE, JOSEPH C., III  
 CITY-ST-ZIP 2541 NE 47 STREET  
 LIGHTHOUSE POINT FL 33064

TITLE ☐ Change ☐ Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME S  
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TITLE ☐ Change ☐ Add  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #