

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90316 027 \*\*\*150.00

DOCUMENT # K83528

1. Entity Name

JOCAR, INC.

Principal Place of Business

926 N.E. 20TH AVE.  
FT. LAUDERDALE FL 33304  
US

Mailing Address

% CAROL ROMANO  
1951 SE 19TH ST  
POMPANO BCH FL 33062  
US

2. Principal Place of Business

1340 S. Ocean Blvd

3. Mailing Address

1340 S. Ocean Blvd

Suite, Apt. #, etc.

# 507

Suite, Apt. #, etc.

507

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33062

Country

USA

Zip

33062

Country

USA

4. FEI Number

65-0154412

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

ROMANO, CAROL  
1951 SE 19TH ST  
POMPANO BCH FL 33062

1340 S. Ocean Blvd  
# 507  
Pompano Beach FL  
33062

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

Carol Romano Sec/Treas

Carol Romano

1/26/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	ROMANO, CAROL	
STREET ADDRESS	1951 SE 19TH ST	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROMANO, CAROL	
STREET ADDRESS	1951 SE 19 ST.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROMANO, JOSPEH	
STREET ADDRESS	1951 SE 19TH ST	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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:

Carol Romano Sec/Treas

CARD ROMANO 1/26/01 954 784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5489

CR2E034 (10/00)