

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013432

1. Entity Name  
JC & WM HOLDINGS, LLC

Principal Place of Business  
5650 GULF OF MEXICO DR  
LONGBOAT KEY FL 34277

Mailing Address  
5650 GULF OF MEXICO DR  
LONGBOAT KEY FL 34277

2. Principal Place of Business  
524 Out Rigger Lane  
Suite, Apt. #, etc.

3. Mailing Address  
7801 SW 24th St  
Suite, Apt. #, etc.

City & State  
Longboat Key  
Zip  
34228  
Country  
FLORIDA

City & State  
Miami FL  
Zip  
33155  
Country

4. FEI Number  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
OSSORIO, JOSEPH M  
5650 GULF OF MEXICO DR  
LONGBOAT KEY FL 34277  
Joseph M Ossorio  
7801 SW 24th St  
Miami FL  
33155

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.

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 \$50.00  
Make Check Payable to Department of State

500004710945--4  
-12/06/01--01012--002--  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE	Member	<input type="checkbox"/> Delete
NAME	Victoria Ossorio	
STREET ADDRESS	524 Out Rigger Lane	
CITY-ST-ZIP	Longboat, Key 34228	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Cristian Ossorio	
STREET ADDRESS	260 NW 107 Ave #214	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	Member	<input type="checkbox"/> Delete
NAME	William Ossorio	
STREET ADDRESS	260 NW 107 Ave #214	
CITY-ST-ZIP	Miami, FL 33172	
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		

## 10. ADDITIONS/CHANGES

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		
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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		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

10/17/01 (305) 968-1853

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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0001 (11/00) CR2E083