## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L13075** 1. Entity Name

## May 04, 2000 8:00 am Secretary of State 05-04-2000 90141 019 \*\*\*150.00 JJC INVESTMENTS, INC.

Principal Place	e of Business	Mailing Address	Mailing Address									
5399 W. IRLO BRONSON MEM HWY. KISSIMMEE FL 34746		5399 W. IRLO BRONSON M KISSIMMEE FL 34746-4711 US					(1 <b>886</b> 21(2) <b>86</b> (1)	( <b>486: 8</b> 11: <b>8</b> (8)	. D(E)( E E)) <b>Á</b> (2	<b></b>	n ati unu	
2. Principal Pl	ace of Business	· 3. Mailing Address	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State	City & State		<b>4.</b> F	4. FEI Number 59-3016246					lied For Applicable	
Zip	Country	Zip	Country			5. Certificate of Status Desired Security Securi						
	6. Name and Address of Currer	nt Registered Agent	stered Agent			7. Name and Address of New Registered Agent						
YOUNG, CHUNG-TA 5399 W. IRLO BRONSON MEM. HWY DAYTONA BCH., FL 32118				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 age	nt and title if applicable (NOTE	E: Registered Age	ent signature require	d when rei	instating)		DA	TE			
Tax filing re	ration is eligible to satisfy its Intangit equirement and elects to do so. ia on back)	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St			!	ion Campaigr Fund Contrib	-			May Be to Fees	
11.	OFFICERS AN	D DIRECTORS	12.	× + ÷	ADI	DITIONS/CI	IANGES TO	OFFICERS A	AND DIREC	TORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMD YOUNG, CHUNG-TA 5399 W. IHO BRONSON MEM. KISSIMMEE FL 34746	☐ Delete	TITLE NAME STREET AL		," <sub>(</sub> ,			•			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOSIMMEE FE 34740	☐ Delete	TITLE NAME STREET AE CITY-ST-	DDRESS	٠.				Cha	nge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET AL						☐ Cha	nge	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-		-			·	☐ Cha	nge	Addition	

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: