

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90045 002 ***150.00

DOCUMENT # P00000057207
1. Entity Name
JCS INTERNATIONAL, INC.

Principal Place of Business
13090 VISTA ISLE DRIVE #117
SUNRISE FL 33325

Mailing Address
13090 VISTA ISLE DRIVE #117
SUNRISE FL 33325



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15088 SW 13TH COURT
 Suite, Apt. #, etc.

3. Mailing Address
15088 SW 13TH COURT
 Suite, Apt. #, etc.

City & State
SUNRISE - FLORIDA

City & State
SUNRISE - FLORIDA

Zip
33326

Country
USA

City & State
SUNRISE - FLORIDA

Zip
33326

Country
USA

4. FEI Number
65-1019398

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
DA SILVA, JOSE CARLOS
13090 VISTA ISLE DRIVE #117
SUNRISE FL 33325

7. Name and Address of New Registered Agent
Name
DA SILVA, JOSE CARLOS
Street Address (P.O. Box Number is Not Acceptable)
15088 SW 13TH COURT
City
SUNRISE **FL** **Zip Code**
33326

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DA SILVA, JOSE		NAME DA SILVA, JOSE	
STREET ADDRESS 13090 VISTA ISLE DRIVE #117		STREET ADDRESS 15088 SW 13TH COURT	
CITY-ST-ZIP SUNRISE FL 33325		CITY-ST-ZIP SUNRISE, FL - 33326	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: JOSE CARLOS DA SILVA **04/25/02** **(954) 829-8714**
Date Daytime Phone #

CR2E034 (9/01)