

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90130 024 ***150.00

DOCUMENT # P00000081785

1. Entity Name
JCCS INC.

Principal Place of Business
1309 SW 31ST STREET
FT LAUDERDALE FL 33315

Mailing Address
1309 SW 31ST STREET
FT LAUDERDALE FL 33315

CHANGE OF ADDRESS - NEW ADDRESS

2. Principal Place of Business

1729 SW 32 PL

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT LAUDERDALE

City & State

Zip

Country

US

Zip

Country

4. FEI Number

65-1032781

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CONCHA, JAVIER F
1309 SW 31ST STREET
FT LAUDERDALE FL 33315

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	CONCHA, JAVIER F	
STREET ADDRESS	1309 SW 31ST STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	SEE NEW ADDRESS
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONCHA, JAVIER F	
STREET ADDRESS	1729 SW 32 PL	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
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		
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		

CR2E034 (4/02)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-02 954-830-1898

Date

Daytime Phone #

JCCS, INC ^{Attachment} #D0000081785 7-16-02
122177
LAST YEAR WAS MY FIRST YEAR
TO FILE-OR-REGISTER

I RECEIVED ONLY ONE REPORT TO FILE
HOWEVER, THIS YEAR I ALSO RECEIVED
ON FORM BUT CLOSELY MONITORED, BECAUSE

--LAST YEAR I PAID THE PENALTY

BUT BECAUSE I WAS NOT FAMILIAR
W/ THE FORM I TOOK IT AS A MISTAKE
ON MY PART...

BUT I SEE ON MY RECORDS ONLY ONE
FORM LAST YEAR AND ONE THIS YEAR

PLEASE NOTICE CHANGE OF ADDRESS
AND WAIVE THIS YEARS LATE PENALTY +
MAKE ARRANGEMENTS TO CREDIT BACK
LAST YEARS OVERPAYMENT.

PLEASE REPLY TO 1729 SW 32 PL
FT LAUDERDALE FL
33315

John [Signature]